V. S. No. 1 N. B.—W

1. PLACE OF DEATH	-CERTIFICATE OF DEATH 4029
County Prederick Within the Corporate	Registration Dist. No. 13/
Village or City Prederate Tred.	20.42 -
	No. 505 M. Sect 3 St., Ward Of death occurred in a hospital or institution, give WAME instead of street and number)  105. June 1. St., Ward Office St., Ward Of
2. FULL NAME Cima Cousta Gua	18.U.S. Veteran apecify WAR. 100 Cetteran
(a) Residence: No. 325 7. (Beat of bode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Married	21. DATE OF DEATH  Opcil  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Edward aregal	22. I HEREBY CERTIFY, That I attended deceased from
	, 1
6. DATE OF BIRTH (month, day, and year) Oct. 30, 1862 7. AGE Years Months Days If LESS than	I last saw h
I day - hu	
or min.	were as follows: Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Curdeel Valrular Sevra
9. Industry or business In which	- Curalle Var meur Sura
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	distase
10. Date deceased last worked at // 11. Total time (years) spent in this 3/	- de la companya del companya de la companya del companya de la co
this occupation (month and //5-34 spent in this 36-7	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	1 1 - 0 1-0
(State or country) Prederich Co., Jud.	- Gronchiles - Debelly
13. NAME Welliam Whitmare.	
14. BIRTHPLACE (city or town)	Name of operation
(State of country) Frederice Co. Med.	What test confirmed diagnosis? Was there an autopsy?lo:
15. MAIDEN NAME Que Pattinger  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19,
(State or country) Carkall Co., Med.	Where did injury occur?
17, INFORMANT & Sward augl	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 325 %. Benda St. Dekedericky h	<u> </u>
18. BURIAL, CREMATION, OR REMOVAL O Carvall Co m.l.	Manner of injury
Place Keys welle Courtery Date 4/23 , 1930	Nature of injury
19. UNDERTAKER P. E. Cline & Sow.	24. Was disease or injury in any way related to occupation of deceased? 20.
(Address) I rederech, Jud.	If so, specify 7/ 23
20. FILED 2 3-Opril, 1936. Ina J. M. Cualy Registrar.	(Signed) Joseph M. D.  (Address) Frederick M. D.
If more blanks are needed, address State Registr.	ar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	Transaction	Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MAY 5 7000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	itis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	I BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
	Language and the second	- mall		
Other contributory can	ises of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				1

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Wr. U. S. Baurus, Su.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING V. S. No. 1

County Trial County Village or City Mas Burketto bulls  (Il Langth of residence in city or town where death occurred yrs. mos	Registration Dist. No. 146
Village or City Man Burkello bylle	No
(1	No St Word
The state of the s	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME AVETA A. A. TO	
The same of the sa	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Jonth) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	1 HEREBY CERTIFY, That i attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h. Lane alive on Change 144 , 19 Jodaeth is said
7. AGE Years Months Days if LESS than	to have occurred on the date stated abova, at 9m.
64 8 24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
S. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Organic Hurt Desen
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9 Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Oate daceased last worked at this coveration (month and	Mutical segurplates
this occupation (month and spant in this occupation	01-10-10-10-10-10-10-10-10-10-10-10-10-1
(State or country)	Other Contributory Causes of importanca:
13. NAME FZIZ ATTOLD	
14. BIRTHPLACE (city or town) BULKI the SXIIIC	Name of operation
(State of country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME LOUIS A BOYET  16. BIRTHPLACE (city or town) BUTLITESTILE  (State or country) Manual Control of the Control of	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT BENEFICIAL STATES	Where did injury occur?
18. BURIAL CREMATION, OR REMOVAL Place & Casant View Dt. 27 1936	Manner of injury
19. UNDERTAKER Flaghilles (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO aps 26, 1934 Mrs. 8. 8. Registrary	(Signad) Communication (Address) Source Switch M. D.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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- I	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
V921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 V021 July 5,1927	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy Run over by street car  July 1927 Peritonitis  Other contributory causes of importance:

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state D. Every item of infor-Exact statement of OCCUPA. -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REC CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING FION is very important. See instructions on back of certificate.

V. S. No. 1 N. B.-

County For I and		11/1
County trederies	Registration Dist. No/_	70
Village or City new midway	ND. St.  If death occurred in a horpital or institution, give its NAME instead of street	.,War
	osds. How long In U.S. if of foreign birth?yrs	
2. FULL NAME William Calvin	Baker	
(a) Residence: Np.	St Ward.	
(Usual place of abode)	If nonresident give city or town	n and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEAT	H
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 6 (Year)
I. If married, widowed, or divorced HUSBAND of	V	
(or) WIFE of Celia Baker	1 HEREBY CERTIFY That I atte	nded deceased from
DATE OF BIRTH (month, day, and year Mov-25, 1865	I Jast saw have elive on of 7 , 19	36; death is sa
AGE Years Months Days If LESS than	to have occurred on the date steted above, at 7, 40 9 m.	
704/3 1 dey,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:	Date of one
8. Trade, profession, or particular kind of work done, as SPINNER, Ref. far.	A.	
SAWYER, BDDKKEEPER, etc	Chane my cardelo	193
work was done, as SILK MILL, SAW MILL, BANK, etc	()	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation		
Pintini Agracia and Adams	Dther Contributory Canses of importance:	
BIRTHPLACE (city or town)  (State or country)  Menueleur	acute Sileetalin 9	ales
13. NAME George Bayler	- land	183
14, BIRTHPLACE (city or town)	Name of operation Date	<u></u>
(State or country)	What test confirmed diagnosis? Was there	
15. MAIDEN NAME MILLER BOWEN	23. If death was due to external causes (VIOLENCE) fill In also the foll	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	
(State or country) Menglend	Where did injury occur?	10
(Address) Men Mandarca mi	(Specify city or town, county an Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLI	
BURIAL, CREMATIDA, DR REMOVAL	Manner of injury	
Place MIT. Stofe Coeur Date Date 1, 1929		
UNDERTAKER Powell & albangh	24. Was disease or Injury In any way related to occupation of deceased	110
(numero) exorustrono Myd.	(Signed) Reacold Willer	

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAY 4 1000			
Other contributory causes of importanceV. S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4029	
1. PLACE OF DEATH	100	
County Frederick	Registration Dist. No. 25 /	141
Village or City Brunswick My	No. 36 West a street The	Ward
Length of residence in city or town where death occurred 36 yrsmos	death occurred in a hospital or institution, give its MAME instead of street and numb	er)
2. FULL NAME William Henry Ba	rler If U. S. Veteran, specify WAR	
(a) Residence: No. 36 West Qual place of abode)	St., Ward.  If nonresident give city or town and State	e
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	-
3. SEX  1. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dev), 193	6
5a. If married, widowed, or divorced HUSBAND of		(Year)
(11) Willest Ulice H. Barber	22. I HEREBY CERTIFY, That I attended decea	ased from
6. DATE OF BIRTH (month, day, end year) May 15, 1854	I last shw h. I.M. alive on. All VIII 1936 : dea	19-@-(
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at 930 - m.	REII 12 2410
3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
Trede profession or particular	were as follows:	ts ol onset
Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc		
9. Industry or business in which		
work wes done, es SILK MILL, SAW MILL, BANK, etc	Valantia UMUNULL	-111-
10. Date deceased last worked et this occupation (month tail year) 11. Total time (years) spent in this occupation 13		1-4
12. BIRTHPLACE (city or town) Urania	Other Contributary Causes of importance:	
(State or country)	ANIOR MUTERIALIS	-14-5
13. NAME Unknown	7	
13. NAME UNKNOWN  14. BIRTHPLACE (city or town)	Name of operation.	
(State or country)	What test confirmed diagnosis?	ev? h
15. MAIDEN NAME UNKNOWN	23. If death was due to external causes (VIOL ENCE) fill in elso the following:	37.23
15. MAIDEN NAME UNKNOWN  16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of injury	19
State or country)	Where did injury occur?	,
17. INFORMANT Samuel Streams. (Address) 36 West 9. St. Brunswick	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Leteroulle Dete Upril 2/, 19.36	Nature of injury	
19. UNDERTAKER LOSS BRELLEY	24. Was disease of injury in any way releted to occupetion of paceesad?	
(Address) Bremoweth mil	If so, specify	
20. FILED CAN 20 , 1934 Mrs , A So Ardass	(Signed) (Address) FALL & & DAYN	M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.	-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I  The principal cause of death and related causes   Date of onset of importance were as follows:			Example II		
			The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	NAV 5 1036	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neph	rilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	PHOFALL V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory ca	nuses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
				THE COUNTY	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	4030
County Treducele	Registration Dist. No. 134
Village or City Sumilabure	No. St. Ward
7 (II	death occurred in a hospital or institution, give its NAME instead of street and number)
(1) 13.00	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME JOHN VIOLATE VO	If U. S. Veteran, specify WAR
(a) Residence: Np. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR ,RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH // /
Tuele what Proces (write the word)	4/1/ /6 ,193 6
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF LEWER & Stone	22. I HEREBY CERTIFY That attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h Lour alive on April 6 196; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1015 A Me
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
a trata profession or particular	Maria as rollows.
kind of work done, as SPINNER SAWYER, BODKKEEPER, etc. Sale of Messeline Vale,	Hastrie weer - 1939
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	acute gustric temorrhage 4/15/36
10. Data deceased lest worked at this occupation (month and 4/10/36 spent in this occupation 30 occupation.	
12. BIRTHPLACE (city or town) Liberte Lawn	Other Coutributory Causes of Importanca:
(State or country)	ariciolas Librillation - ne con al 40 a
13. NAME Harry S. Ball	Julian Ju
13. NAME Harry S. Dayle 14. BIRTHPLACE (city or town) Case of Carly	Nama of operation None Date of
(State or country) Waruloud	What test confirmed diagnosistical exact Was there an autopsy?
15. MAIDEN NAME Conselia Schwie 16. BIRTHPLACE (city or town)	23. If death was due to external ceuses (VIOLENCE) fill In also tha following:
6 16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Date of injury, 19
(State or country) Magniford	Where did injury occur?
17. INFORMANT MUS J. B. 1330 & Tue	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Liberlytown led Date 4/18, 1936	Nature of injury
19. UNDERTAKER We. J. Shiff Jan 1740	24. Wes disease or injury in any way related to occupation of deceased? WD
20. FILED Charl 17, 19 36 M. Fr. Sfreff	(Signed) W. Cadle & M.D.
If more blanks are needed, address State Registrate	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I	grand of the state of the state of	,1	19	Example II	
The principal cause of death and related causes. Due of onset of importance were as follows:				The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	MAY 2	1038	Ш	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	titis	2000		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU	V.S.	Ju	y5,1927	Peritonitis	3 days ago
Other contributory ca	uses of importanc	e:			Other contributory causes of importance:	
Gallstones			Me	ny 1,1923	Gastroenteritis	1 year
			-			
	·					

V. S. No. 1

2	9	2	
oju	stai	PA	
f in	p v	CC	
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N-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CA	Ĭ
N. B WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-		CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	ION is very important. See instructions on back of certificate.
ż		1	-

1. PLACE OF DEATH	CERTIFICATE OF BEATH 4031
County Frederick.	Registration Dist. No. 144
Village or City Near Thurmont	No. St., Ward  If death occurred in a hospital or institution, give its NAME instead of street and number)  as. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
	St., Ward.  If U. S. Veteran, specify WAR NO State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Male White 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (wife the word) WIDOWED	21. DATE OF DEATH April. 3rd. 1936 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Miranda M. Harbaugh	22. I HEREBY CERTIFY, That I attanded deceased from 1986, to after 8, 1936
6. DATE OF BIRTH (month, day, and year) Oct. 2Ist. 1861  7. AGE Years Months Days If LESS than 1 day,hrs ormin.	to have occurred on the date stated above, at 9. Am.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc	Chronic Orlinal Schoon 1923
0. Date deceased last worked at this occupation (month and 1930 spent in this occupation waar)  12. BIRTHPLACE (city or town)  (State or country)	Other Contributory Causes of importance:
13. NAME John M. Brown.  14. BIRTHPLACE (city or town) FOXVILLE  (State or country)	Neme of operation Date of What test confirmed diegnosis? I was there an autopsy? Les
15. MAIDEN NAME Catherine E. Fox.  16. BIRTHPLACE (city or town) Foxville.  (State or country) Md	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
17. INFORMANT Raul H. Brown. (Address) Thurmon MD	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Planhurmont - U-B-G-em-PataA-pril-3,19-3	Manner of Injury
19. UNDERTAKER M. L. Creager & Son. (Address) Thurmont. MD	24. Was disease or injury in any way related to occupation of deceased?
20. FILED April 5-, 1936 Anna M. Jones Registrar.	(Signed) M. D. Brief, M. D. (Address) Lawrence M. D.

CTATE OF MADYLAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitical nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V C			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	7110 7130

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA
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V. S. No. 1

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	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
			-	-

1. PLACE OF DEATH  County Frederick	Minin the Corporate tand	X X	2)
		Registration Dist. No.	0-1
Village or City Frederick	De.(1	No. No. Market & 14th St., f death occurred in a hospital or institution, give its NAME instead of street a	S War
Langth of residanca in city or town whare of	leath occurred 30 yrsmo	ds. How long in U.S. if of foraign birth?yrs	mosd
2. FULL NAME Daniel Ham	ilton Buckey	U. S. Veteran, specify WAR None	
(a) Residence: No. N. Marke	0 4	ergela marian	
	(Usual place of abode)	If nonresident give city or town	
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	1
Male 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH April 12th. (Month) (Day)	6 , 193
5a. If merried, widowed, or divorced HUSBAND ot			
(or) WIFE of Rachel Barric	k Buckeya	22. THEREBY CERTIFY. That I attend	. /
DITT OF SIDE (	et. 29, 1865		J 1936
5. DATE OF BIRTH (month, day, and year) 7. AGE Yaers Months	Devs If LESS than	to have occurred on the date stated above, at 5 30A _m.	HQ_; daeth is sa
70 5	23   1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importanca	
1 9 Trade -cofession or restingles	ormin.	wera as tollows:	Date of onse
CAMVED DOOKKEEDED	Retired	31. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	13 11
	and Farmina	Chear rarage.	4-4
9. Industry or business in which work was done, as SILK MILL, Gen SAW MILL, BANK, etc	erar karming	Nuliation + for	8- V
10. Date decaasad last worked at this occupation (month and	11. Total time (yaers) spent in this	7	
year) X1 XX 1907	occupation 20x13	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town)			
(State or country) Maryla		Cardio-Muscular	
13. NAME Richard R. Bucke		Vusuffun	19.88
14. BIRTHPLACE (city or town) Maryla (State or country) Maryla		Name of oparetion Date o	of
(State of country)	.11Q	What test confirmed diegnosis? Wes there	an autopsy?_/_
15. MAIDEN NAME Susan Wolf		23. If death was due to extarnal causas (VIOLENCE) fill in also the follow	wing:
15. MAIDEN NAME Susan Wolf  16. BIRTHPLACE (city or town) (State or country) Marylan		Accident, sulcide, or homicida? Date of injury	, 19
(State or country) Mary 121	Q	Where did injury occur? (Specify city or town, county and	Ca
17. INFORMANT Mrs. Paniel H. (Address) Frederick, Ma	ryland	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE,
18. BURIAL, CREMATION, OR REMOVAL Mt. Place Frederick, Md.	Olivet Cemetery	Mannar of injury	
Place Frederick, Md.	Data April 14, 1936	Nature of injury	
19. UNDERTAKER M. R. Etchison (Addrass) Frederick, Mar	ı & Son Wand	24. Was disease or injury in any way ralated to occupation of deceased?	No

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis APR 20 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributeur course of inventor	
		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH should County Registration Dist. No. Village or City\_ (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Langth of rasidance in city or town where daath occurred How long in U.S. if of foraign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_ statement 2. FULL NAME (a) Residence: No. Usual place of abode If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) unace ACTL (Month) (Day) (Year) classified. 5. If married, widowad, or divorcad HUSBAND of 22. HEREBY CERTIFY. That I attanded deceased from (or) WIFE of M certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE If LESS than Months Davs to have occurred on the date stated above, a stated 1 day ... Q \_\_ hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or\_Q\_min. Date of onset 8. Trada, profassion, or particular PATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. pe may back 9. Industry or business in which should work was dona, as SILK MILL, SAW MILL, BANK, etc.... 10. Data dacaasad last worked at instructions on 11. Total time (yaars) this occupation (month end spent In this that year) ..... occupation\_ Othar Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (Stata or country) supplied. terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town) Name of operation. plain (Stata or country) carefully What test confirmed diagnosis? ----- Was there an aulopsy?\_\_\_\_ MOTHER very important. 15. MAIDEN NAME ii 23. If death was due to axternal causes (VIOL ENCE) fill In also the following: OF DEATH Accident, suicide, or homicida?\_\_\_\_\_\_ Date of Injury\_\_\_\_\_\_ 19\_\_ 16. BIRTHPLACE (city or town) (State or country) pe Where did injury occur?\_\_\_ (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. should 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of intury CAUSE mation LION Natura of injury 24. Was diseasa or injury in env 19. UNDERTAKER if so, spacify Registrar If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

PERMANENT × -WRITE

V. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1	1	Example 11	
ath and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
MAY 5 1000	1921	Run over by street car	1 week ago
BUREAU V S	July 5,1927	Peritonitis	3 days ago
s of importance:	24 1 1000	Other contributory causes of importance:	
	May1,1923	Gastroenterius	1 year
	math and related causes clows C E I V E	eath and related causes. Date of onset clows CEIVE D1915  MAY 5 1926 1921  July5,1927	of importance were as follows:  Attack of epilepsy  Run over by street car  Peritonitis  Soft importance:  Other contributory causes of importance:

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V. S. No. 1

SAW MILL. 10. Date deceased last worked at

12. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

(Address)

(Address)

19. UNDERTAKER

this occupation (month and

L. O.

14. BIRTHPLACE (city or town)

(Steta or country)

16. BIRTHPLACE (city or town) ...

(Stete or country)

Carrier

Mrs. L. O. Carrier

rederick.

Frederick.

Virginia

Virginia

Edna McNeal

1. PLACE O	E DEATH	hin the Corporate Minutes	-CERTIFICATE OF DEATH  Registration Dist. No. /3/
Length of res	idence in city or town where  ME Yvonne Ma.  Ide: No. 113 W.	death occurredyrs	No. 113 W. South St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
PERSON	IAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
s. sex female	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single	21. DATE OF DEATH April 25, (Month) (Day) (Year)
5a. If married, widow HUSBAND of (or) WIFE of 6. DATE OF BIRTH		March 1, 1936	22. I HEREBY CERTIFY, That + attended deceased from
7. AGE Yea		Days If LESS than 1 day,hrs	THE PRINCIPAL CAUSE OF DEATH and length causas of importance
kind of SAWYER  SAWYER  North work wa	ssion, or particular work done, as SPINNER, , BODKKEEPER, etc business in which s done, es SILK MILL, IL BANK atc	At home	Unknown Saw child 2 fry after death. I believe

Other Contributory Causes of importance What test confirmed diagnosis?\_ 23. If death was due to external causes (VIDLENCE) fill in also the following: Accidant, suicide, or homicide?\_\_\_\_\_ Where did injury occur?\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury 24. Was disease or injury in eny wey related to occupation of decaased?

Data\_ M. R. Etchison &

11. Total tima (yaars) spant in this

occupation \_\_

(Address) \_

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

If so, specify (Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Ex	ample I		Example II		
The principal cause of deat of importance were as follo	h and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	MAY 5 7000	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAUV	July 5, 1927	Peritonitis	3 days ago	
And the second s	***				
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
		<u>i</u>		<u> </u>	

of OCCUPA-

Exact statement

properly classified.

IION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

B.—WRITE PLAINLY,

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEA	TH .			(23 + 5 4	
County	Frederi	ick.		Registration Dist. No. 13	9
Village or City	State S	Sanator	ium, Md.	No. Sabellasville St., death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of residence in c	ity or town where do	eath occurred	vrs 2 mos	death occurred in a hospital or institution, give its NAME instead of street and 14ds. How long In U.S. if of foreign birth?yrs	number)
2. FULL NAME					
				If U. S. Veteran, specify WAR.	
(a) Nesidence: No.		(Usual place	of abode)	St., Budtimore Maryland.	nd State
PERSONAL AN	ID STATISTI	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLO	OR OR RACE		RRIED, WIDOWED. D (write the word)	21. DATE OF DEATH	
ALL - 11	hite	Marr		April 15 (Day)	(Year)
5e. If married, widowed, or div HUSBAND of (or) WIFE of		nnie Ca	vey	22. I HEREBY CERTIFY, That I attende Feb. 1 ,1936 to April	
C DATE OF BIRTH (month do	31.	17 T	000		; death is said
6. DATE OF BIRTH (month, da 7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 1 . 4 QR. M.	; death 15 \$aid
53	11	4	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	
Trade profession or n	articular			note as follows.	Data of onsat
8. Trade, profession, or p kind of work done SAWYER, BOOKKE		iling C	lerk		
kind of work done, es SPINNER, Filing Clerk SAWYER, BOOKKEEPER, etc. Filing Clerk 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.				Pulmonary Tuberculosis	Sept.
Date deceased last wo	rked et	11. Total	time (years)		1935
this occupation (mo	Feb. 193	3.5 spe	ent in this 30Yrs		
12. BIRTHPLACE (city or town)				Other Contributory Causes of importance:	
(State or country)		aryland	•	Tuberculous Laryngitis	
13. NAME	Cornelia	us Cav	еу		
13. NAME 14. BIRTHPLACE (city or to			~~~	Name of operation_nonepos-Sputume of	
(State of country)		t Virgi	nia.	What test confirmed diagnostinest X-Ray Was there an	autopsy?_no_
15. MAIDEN NAME  16. BIRTHPLACE (city or to	Mabel	Tacey		23. If death was due to external causes (VIOLENCE) fill in also the followi	ng:
16. BIRTHPLACE (city or to	,			Accident, suicide, or homicide? Date of injury	, 19
(State of Country)		t Virgi	nıa.	Where did injury occur? (Specify city or town, county and St	ate)
17. INFORMANT Will (Address) Balt	iam F. (	Cavey		Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC P	LACE.
18. BURIAL, CREMATION, OR	REMOVAL ,	MG.		Manner of Injury	
Plece Balto.	Md.	Date_Unk	nown, 19	Nature of injury	
	L.Creak			24. Was disease or injury in any way related to occupation of deceased?	
20. 46/5/36	19	Se .	Registrar.	(Signed) Sleward Shaffe (Address) State Sanatorier	n m
707	If more b	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:  Arleriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arleriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 20	July 5,1927	Peritonitis	3 days ago
3(183AU Y.)	No A		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH4030
1. PLACE OF DEATH	
county tredericle	Registration Dist. No. 140
Village or City Doods bow	NoSt.,Ward
(If Langth of rasidanca in city or town whare daath occurradyrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Negotion Brings;	ramer no. veteran
(a) Residence: No. Woodshoro I Md	· St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. CHEREBY CERTIFY, That I ettanded decaased from 2 103 (10 10 10 2 103 (
6. DATE OF BIRTH (month, day, end year) Lec. 14, 1872	I last faith My alive on Ala 2 1936; death is said
7. AGE Years Months Days If LESS than	to heva occurrad on the date stated eboys, et. 2
6.3 3 1/9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Merchanh SAWYER, BOOKKEEPER, atc.	Af Date of the Control of the Contro
SAWYER, BOOKKEEPER, atc	Curonic phy ocaratis
work wes done, as SILK MILL, SAW MILL, BANK, etc	Cat Out of the
10. Date deceased last worked at the last worked at this occupation (month and this pant in this this occupation (month and the last worked at the	will am branch
year) occupation occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Alderack (State or country)	of my of
The state of the s	mone fuguers,
13. NAME Award Variety  14. BIRTHPLACE (city or town) Frederick Co	Nama of oparetion 20002 Date of
(State or country) market, and	What tast confirmed diagnosis? Was there en au'opsy?
15. MAIDEN NAME Sarah Ayger	23. If death was due to external ceuses (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) — I deduce the country)	Accident, suicide, or homicide?
(State or country)	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT Ms. Usue & Chamer (Address) Hoodx botk	Spacify whather injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury
Place Port ask out Date 1926	Nature of injury.
19. UNDERTAKER AND UNGGULT TAM	24. Was disease or injury in eny way related to occupation of daceased?
41 21 98 6	(Signed) Thomas M. D
20. FILED Registrat.	(Address) prederie lud.

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Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	23 04
County Frederick,	Registration Dist. No. 139
Village or City State Sanatorium, Md	• No Sabillasville St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs4mos	s. 22 ds. How long in U.S. If of foreign birth?ds.
2. FULL NAME Frances Dear	If U. S. Veteran, specify WAR DOO!
(a) Residence: No. 916 N. Payson St. (Usual place of abode)	St., WarBaltimore, Maryland, If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH  April 29 , 1936 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry I. Dear	22. I HEREBY CERTIFY, That I attended deceased from Dec. 7. ,19 35, to April 29 1936
6. DATE OF BIRTH (month, day, and year) June. 9 1912	Hast saw h er alive on April 28 , 19 36 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at715A . M .
23 10 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and per 1934)  11. Total time (years) spent in this 6 Yrs.	Pulmonary Tuberculosis Dec.
this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)  Spent in this 6Yrs.  Baltimore.  Maryland:	Other Contributory Causes of importance:
13. NAME John Thomas McCuen	
HE 13. NAME John Thomas McCuen  14. BIRTHPLACE (city or town) (State or country) Maryland.	Name of operation
15. MAIDEN NAME Sophie Cooper 16. BIRTHPLACE (city or town)	23. If death was due to externel causes (VIOL ENCE) fill in elso the following:  Accident, suicide, or homicide?
17. INFORMANT Frances Dear (Address) Baltimore, Md	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Balto Md. Date Unknown 19	Manner of Injury
19. UNDERTAKER M. L. Creagen (Address) Thurmont M.  20. FILED Registrar.	24. Was disease or injury In any way related to occupation of deceased? DO  If so, specify (Signed) (War A - Shaffer M. D.  (Address) State Amutorum M.

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis BIIDEAU V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE	OF	MARYL	AND-	CERTIE	CATE	OF	DEA	TH
SIAIL	Or	MARIL	AND-	CERIII	ICAIL	OL	DEA	ПП

4038

1. PLACE C		ne te de la	on the Corpora	ato mines. 93.0 × 1.2.1
County	Frederick		IIII the constant	Registration Dist. No.
Village or	City Frederick			No. 202 W. Patrick St., Ward
	sidence in city or town where		5yrsmo:	If death accurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NA	ME John Jacob	Dronenb	urg	If U <sub>1</sub> S Veteran, specify WAR none
(a) Reside	nce: No. 202 W. Pa	trick St	· Treler	ich Indward to 11 X
(u) noside		(Usual plac		If nonresident give city or town and State
PERSO	NAL AND STATIST	ICAL PART	TICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX male	4. COLOR OR RACE white	5. SINGLE, MA	RRIED, WIDOWED,	21. DATE OF DEATH April 26th. 193 6
5a. If married, wido	wed, or divorced			(Month) (Oay) (Year)
HUSBANO of (or) WIFE of	Ella R. Ogle			22. I HEREBY CERTIFY That I she ded deceased for
				Mr of a March Mar 24 100%
6. DATE OF BIRTH	(month, day, end yeer)	arch 9,	1880	1 lest sav h alive on, 19.4.0; deeth is sal
7. AGE Ye	ears Months	Days	If LESS than	to have occurred on the date stated above, at _5.45 _ Pm. M
50	6 0	15	l dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
Z 8. Trade, prof	ession, or perticuler	70.4	Dealer	O A O O O O O O O O O O O O O O O O O O
SAWYE	work done, as SPINNER, F R, BOOKKEEPER, etc	unicare	Deatel.	Chelical Missofras H.
9. Industry or work w	business in which as done, as SILK MILL.			0.3/
SAW M	ILL, BANK, etc	11 7-4-1	Nima Garage	
O this occ	upetion (month and 4/36		time (years)	
Aest) -	Marylan	00	ccupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (	city or town)			
(State or co		1710 M		- Whelin Wellist Degenistry
13. NAME	ohn T. Dronenb			<u> </u>
13. NAME J	E (city or town) Mary	land		Name of operationOate of
) (State (	or country)			What test confirmed diagnosis? Was there an autopsy
15. MAIDEN N	AME Anna Dixor	1		23. If deeth was due to externel causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLAC	CE (city or town)	~~~~~~	***************************************	Accident, suicide, or homicide? Date of injury, 19
	or country) Mary	land		Where did injury occur?
17. INFORMANT(Address)	Mrs. J. J. Dro Frederick, h	nenburg.		Specify whether injury occurred a INDUSTRY, in HOME, On in PUBLIC PLACE.
18. BURIAL, CREMA	TION, OR REMOVAL			Manner of Injury
Place_Mt.	Olivet Cem.Fr	edoate Apr	il 28, 1936	Nature of injury
19. UNDERTAKER _ (Address)	M. R. Etchis Frederick,			24. Was disease or injury in any very releted to occupation of receased? Two.
1 20 0	11 01	10	CC.	(Signed) M.
0. FILED 2 2-0	981 19 6 6	- FI	Registrar.	(Address)

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

A. A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH 4030
infor- state UPA-	1. PLACE OF DEATH	THE X
* 1	County tredesch	Registration Dist. No. 1937
Should of OCC	Village or City Mean of westy lan me	•
of site		No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
NS T	Length of residence In city or town where death occurredyrsmos	
Every Manual Every	2. FULL NAME / bureau rankler	Durall h
D. Ever ZSICIAN statement	(a) Residence: No.	St., Ward.
Cond. Every PHYSICIANS of statement	(Usual place of abode)	If nonresident give city or town and State
REC. Pr.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
EX.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DEVORCED (2017) te the word)	21. DATE OF DEATH ( )
# I .	male grand surger the word)	(Month) (Day) (Year)
NG VED fed.	5a. If married, widowed, or divorced HUSBAND of	
MANN MANN A C	(or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
G END .	6 DATE OF REPTH (month day and year) MAN. 24 - 936	, 19, 19, 19, 19
FOR BI IS A PE stated E properly	C. DATE OF DIRTH (MONTH, day, and year)	I last saw h; death is said
FOR B IS A PH stated H properly ertificate	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
FOR IS A stated proper	1 0rmin.	were as follows:
- 70	8. Trade, profession, or particular kind of work done, as SPINNER,	Cauce of deally
EH H H P P P P P P P P P P P P P P P P P	SAWYER, BOOKKEEPER, etc.:	unknown ored
SERVI NK—T] should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc.	egadenly after 5 migules
RESERVED G INK—THE GE should be that it may be ins on back of	O To. Date deceased last worked at 11. Total time (years)	The merely react,
RES NG I AGE that ions o	this occupation (month and spent in this occupation ————————————————————————————————————	Court day 2
NATO	med	Other Contributery Caulot of importance:
IN I	12, BIRTHPLACE (city or town)	well blood of allegers
NEGIN RI NFADING plied. AGI erms, so tha		was i vale the judget of
4 5 4 5	E Do	
	14. BIRTHPLACE (city or town) (State or country)	Name of operation
		What test confirmed diagnosis? Was there an au'opsy'llD
a II. g	The state of the s	23. If death was due to external causes (VIOLENCE) fill in also the following:
AINLY, de can DEATH	O 16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?, 19, 19, 19
be be imp	W 1 10-0.00	Where did injury occur?(Specify city or town, county and State)
V PI O	17. INFORMANT / SMILLE TIGHTERS SELECT	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E PLA should OF D	18. BURIAL, CREMATION, OR REMOVAL	
	plant Dosey Jones James afer 2/ 36	Manner of injury
-WRITE mation sl	D 10 and a 1	Nature of Injury
	19. UNDERTAKER (Solvell ) - Colling	24. Was disease or injury in any way related to occupation of deceased?
S. No.	(Address to whether the special	If so, specify
vi	20. FILED Of 20 1936 DV D Curfruar	(Signed) Synful Degulia
> 4	Registrar.	(Address) Likerty Illi
	Letter - Roop If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balimore, Requesting U. S. No. 1.

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Example I	IVED!	Example II	
The principal cause of death and related confirmed were as follows:  Autoriogalarsesis	7938	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis   STIDE AT	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
other continued y causes of importance.		Office contributory causes of importance.	)** - TE
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

	infor-
	Jo
2	item
	Every
	RECORD.
BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of in
)K	4
F	IS
SERVED	INK-THIS
MARGIN RESERVED FOR BINDING	UNFADING
2	WITH
	,Y,
	PLAINI
10.1	-WRITE I
vi	B
>	Z

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 4040
1. PLACE OF DEATH	(186-20) X
County Inderek	Registration Dist. No.
Village or City Dunawick	No. St., Ward
1116	osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Ans Formma Granin	Elgin
(a) Residence: No. 11) Rotomac	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4. COLOR OR RACE 5. SINGLE, MARRIPD, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATA (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of MM & Ugin	22. The REBY CERTIFY That lattended deceased from
6. DATE OF BIRTH (month, day, and year) Feb 17 1858	I last saw h. 1 allva on O. A. 15 1974; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at
78 1 14 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causas of Importence were as follows:
8. Trade, profession, or particular kind of work done as SPINNER	Parentymet
kind of work done as SPINNER. Haracacuses SAWYER, BOOKKEEPER, etc	Davis.
M. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	necester ) gr
1D. Data deceased last worked at this occupation (month and spant in this	
year) occupation (month and spant in this occupation	Mecidental Falls while getting outs of beds.  Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(Stete or country)	- treelwar flewer
13. NAME OMISINE Smith	My 99; due to accidental
14. BIRTHPLACE (city or town)	Name of operation
(State of County)	Whet test confirmed diagnosis? Was thore an autopsy?
15. MAIDEN NAME Cuah Jane Ocaches	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Accident. Date of Injury
Colore of country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury accordental Palle
Place of Marchos Date My 4 , 1991	
19, UNDERTAKER TTAZZTZY Son	24. Was disease or Injury in any way related to occupation of deceased?
(Address) And market Mile	If so, specify ~ The first the second secon
20, FILED War 3 1984 has to S. Grande	(Signed) M. D
Registrar.	(Address)
If more blanks are needed address State Parising	The state N. Charles Street Political Program 71 S. M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example I	and repr	-73	Example II	
The principal cause of death and related causes of importance were as follows:			Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	LAY 5	1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrit	tis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	UATRIAU	V. S	July 5,1927	Peritonitis	3 days ago
Other contributory caus	ses of importance:			Other contributory causes of importance:	
Gallstones			May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY. PHYSICIANS should state

be properly classified.

See instructions on back of certificate.

Exact statement of OCCUPA-

item of infor-

CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. V. S. No. 1 ż

	4	STATE C	F MARY	LAND-	CERTIFICATE OF DEATH	A 1
1	. PLACE O	F DEATH	Sept.		43	41
	County	Frederic	k.		Registration Dist. No.	139
	Village or (	city State Sa	natorium	. Md	No Sabillassille St.,	Ward
		idanca In city or town where o	COLUMN COLUMN	(II	death occurred in a hospital or institution, give its NAME instead of street and .16ds. How long In U.S. If of foreign birth?yrs	number)
						1105
2	. FULL NA				If U. S. Veteran, specify WAR.	
	(a) Resider	ice: No	(Usual place of	abode)	St., WardBaltimore, Maryland If nonresident give city or town an	d State
	PERSON	NAL AND STATIST	ICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
	Male	4. COLOR OR RACE White	5. SINGLE, MARR OR DIVORCED Singl	(write the word)	21. DATE OF DEATH  April 12  (Month) (Oay)	, 193_6 (Year)
_	If married, widov HUSBANO of	wed, or divorced				
	(or) WIFE of			9110000	22. I HEREBY CERTIFY, That I attandate March 26 1936 to April 12	
6 1	DATE OF BIRTH	(month, day, and year)	Feb. 7	1910	I last saw h im alive on April 12 1936	
		ars Months	Days	If LESS than	to have occurred on the date stated above, at 12.0014n.	1,000(10)
-	2	6 2	5	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Oats of onset
NO	8. Trade, profe	ession, or particular work dona, as SPINNER, R, BOOKKEEPER, etc	Postal C	lork		
PATION	9. Industry or	husiness in which	r.uauaru	LULA	Pulmonary Tuberculosis	Dec.
CCUP		s done, as SILK MILL, LL, BANK, etc				1935
00	10. Data decease this occu	sed last worked at upation (month and know)	n 11. Total tin	ne (years) t in this 3Yrs a		1 121
					Other Contributory Causes of Importanca:	
1Z.	BIRTHPLACE (c (State or cou	intry) Ma	ryland.	~ ~		
ER	13. NAME		J. Fitze	erald		
FATHER		E (city or town)			Name of operation none pos-Sputum Data of	
_			Maryland	•	What test confirmed diagnost estX-Ray Was there an	autopsy?_n_O_
MOTHER	15. MAIOEN NA		Hughes.		23. If death was due to extarnal causes (VIOL ENCE) fill In also the following	
MO		E (city or town)	Virginia		Accident, suicida, or homicide? Date of injury Where did injury occur?	, 19
_					(Specify city or town, county and St Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC P	ate)
17.	(Address)	James J. Raltimo		a1u		
18.		TION, OR REMOVAL		4/15/31	Manner of Injury	
	Piaca	alto. Md.		OWII , 19	- Natura of injury	
19.	UNOERTAKER	M.L.Crea Thurmont	894 6		24. Was disaase or injury in any way related to occupation of deceased?	no
	(Address)	Thurmont	Willia.		if so, specify Turan a shape	1
20.	FILED	156 19	Product !	Registrar.	(Address) Late Sana torium	~ my

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
APPA	200		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B. See instructions on back of certificate.

TION is very important.

of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
County Frederick	Registration Dist. No. 147
Village or City P.D. # Mr. Auri Md.	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
11 2 /	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Montha le Dantre	lle
(a) Residence: No. Plune No. 4.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If marriad, widowed, or divorced HUSBAND of Corp. WIFE of Luke Sing beton B. Sentrell.	22. I HEREBY CERTIFY, That I attended dacasasd from
6. DATE OF BIRTH (month, day, and year) May 8 1857	I last saw h er aliva on afer. 2 , 19.36; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated abova, at 2 1/3 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc	Bryocardish duent ficine
9. Industry or business in which work was done, as SILK MiLL, SAW MILL, BANK, etc	
TO. Date deceased last workad at this occupation (month and year) this occupation	
12. BIRTHPLACE (city or town) Freduct 60.  (State or country) - Md.	Other Contributory Causes of importance:
13. NAME William Spurrier.	
13. NAME / tillean Spurrer.  14. BIRTHPLACE (city or town) (State or country)  Md.	Nama of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Dresille Fowler.	23. If death was due to axternal causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Fredericke 60 (State or country)	Accidant, suicide, or homicide?
17. INFORMANT Mr. C. G. Gastrell. (Address) mt. ani md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Murrer Chapel Centy Datapril 24, 1936	Mannar of injury
19. UNDERTAKER 6:M. Haltar Md.	24. Was disease or injury In any way related to occupation of deceased? 245
20. FILED afr 23, 1936 aullega Molesung Registrar.	(Signad) Menton & Peerce M.D.  (Address) Int. Qing, 2nd

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	about Hi
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURGAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—V

1. PLACE OF DEATH	JI. MINK	ILAND	CERTIFICATE	OF DEAT	41	249.
County Areder	a lo		(157:20)	20	. 1	31
Village or City Physics	Me &		No. Emeraes	Registration Dist	No. 1	· Wa
Langth of rasidence in city or town where	death accurred	(If	death occurred in a horpital or institu	ition, give its NAME ins	ead of street and	number)
.11	1 A	J.11	A ds. now long in 0.5211	or foreign pixtus.		mos
2. FULL NAME Agrica	va Le	Ma I	A LUX	10 X	-	
(a) Residence: No. The sales	(Usual place	of abode)	Lestille 3 Ward. 42	If nonresident give	city or town an	d State
PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL C	ERTIFICATE O	F DEATH	
Male White		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	Geril (Month)	/6 (Dey)	., 193 (Year)
HUSBAND of		0	22. I HEREB	CERTIFY,		330.
(or) WIFE of		5	man NO	, 19 3 4, to 6	That I attended	O 19 3
DATE OF BIRTH (month, day, and year)	rarch,	27,1936	I last saw h. Late alive on	april	9 ,19 3	Gdaath is s
AGE Years Months	Days	If LESS than 1 day,hrs.	to have occurred on the date state		m.	
0 10	1/4	ormin.	The PRINCIPAL CAUSE OF DEAT were as follows:	TH end related causes of	Importence	Date of on
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc	Must K	3 mb 11.	701			
9. Industry or business in which	-f-f-d/64%522	Y. L. LOVOZI.	Mach Vie	alecte.	-	Man 27
work wes done, as SILK MILL, SAW MILL, BANK, atc			[ Child	batale	,	
ID. Date decaasad last worked at this occupation (month end year)	11. Total ti	ime (yaars) nt in this upation				
BIRTHPLACE (city or town) R. F. O. (State or country)	3. A	ederich	Other Contributory Causes of impo	ortance:		- M - M - M - M - M - M - M - M - M - M
13. NAME UNKEN	own					
13. NAME LANGUE	11		Neme of operation		Date of	
(State or country)			What tast confirmed diagnosis?			autonsy?Z
15. MAIDEN NAME THE REAL WIDOW GILBERT	aug D	trell:	23. if deeth wes due to external cau			
16. BIRTHPLACE (city or town)	redition	E Co.	Accident, suicida, or homicide?	Data	of injury	, 19
(State or country)	J. Mrs	1.	Whare did injury occur?	(Specify city or town	county and Sta	(de)
(Address)	le and	formere.	Specify whather injury occurred in	INDUSTRY, in HOME,	or in PUBLIC PL	LACE.
B. BURIAL, CREMATION, DR REMOVAL	Manner of injury					
Plece Allers own	- Date My	14,1936	Netura of injury			
UNDERTAKER DI L. Lese	aserts	m	24. Was disaese or injury in any w	ay related to occupation	of daceasad?	-200
FILED 11 - Opril 1936. On	29. Sus	Registrdr.	(Signed)	1 dinos	2	7 N

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Chronic interstitial nephritis AY 5 1996	1921	Run over by street car ·	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
V. Co.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			L

STATE	OF MARYLA	MD-0	CERTIFICATE OF DEATH 404	14
County Frede	mi ole		Posistration Diet No. 130	
		a-	No. Sabillasville St.	
Village or City State		(If	death occurred in a hospital or institution, give its NAME instead of street and	d number)
Length of residence In city or town	here death occurredyrs	mos.	13 ds. How long in U.S. if of foreign birth?yrs	mosds
2. FULL NAME Thom	as F. Gowran.		If U. S. Veteran, specify WAR 0001	
(a) Residence: No. 250	Lehman, St. (Usual place of abode)	)	St., WarBaltimore, Maryland If nonrelident give ally or town as	nd State
PERSONAL AND STAT	ISTICAL PARTICULA	RS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RAC	5. SINGLE, MARRIED, WI OR DIVORCED (write)	fDOWED. the word)	21. DATE OF DEATH  April 15  (Month) (Day)	, 1936 (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	Mary T. Gowr	an	22. I HEREBY CERTIFY, That I aftende Mar. 2 ,1936, to April	
6. DATE OF BIRTH (month, day, and year)	August 15	1882		5 ; death is salt
7. AGE Years Mont	hs Days If L	LESS than	to heve occurred on the date stated above, at 9.40A m.M.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
53 8. Trade, profession, or particular	O   or	min.	were as follows:	Date of onset
kind of work done, as SPINNE SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	Produce Deale	r		
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			Pulmonary Tuberculosis	Sept
SAW MILL, BANK, etc	11. Total time (year			1935
this occupation (month and vear)	1935 spent in this occupation	35Yrs		
			Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)	Maryland.			
出 13. NAME JO	hn G. Gowran			
13. NAME JO  14. BIRTHPLACE (city or town) (State or country)	Ireland.		Name of operation	n autoney? N.C
15. MAIDEN NAME	ary Hennessey		23, If death was due to external causes (VIOLENCE) fill In also the follow	
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Ctabe or country)			Accident, suicide, or homicide? Date of injury	
(State or country)	Maryland.		Where did injury occur?(Specify city or town, county and S	
	F. Gowran		Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC	
18. BURIAL, CREMATION, OR REMOVAL			Manner of injury	
Place Balto Md	Date Unknown	, 19	Nature of injury	
19. UNDERTAKER M.L. Crea	ger		24. Was disease or injury in any way related to occupation of deceased?	no
(Address) Thurmont	, Md.		If so, specify	2 ^
20. FILED 4-15 , 19 36	V. F. Culles	35	(Signed) Sluvary D. Maj	M. I
		Registrar.	(Address) Flace Lamalorum	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
APR 23			
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF	MARYLAND—CERTIFICATE OF DEATH	4114
		707

1. PLACE OF DEATH		ole.		23 04	7.O
/	ederi		3 - 3	Registration Dist. No. 13	29
Village or City	His		(16	No. Sabrillar St. St. death occurred in a hospital or institution, give its NAME instead of street  17 ds. How long in U.S. if of foreign birth?yrs	and number)
					mosds. ·
				If U. S. Veteran, specify WAROOO	
(a) Residence: No.	a107	Jefferso (Usual place	n St.	St., WarBaltimore, Maryland If nonresident give city or town	a and State
PERSONAL AND	STATIST	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEAT	Н
3. SEX 4. COLOR O			RIED, WIDOWED, O (write the word)	21. DATE OF DEATH  April 2 (Month) (Day)	, 193_6
5e. If married, widowed, or divorced HUSBAND of					
(or) WIFE of				22. I HEREBY CERTIFY, Thet letter July 20 1934 to April	
6. DATE OF BIRTH (month, day, en	d vear)	July 12	T913	lest sew him elive on April I 193	· ·
7. AGE Yeers	Months	Deys	If LESS than	to heva occurred on the deta steted above, at 5 20A.mM.	
22	8	21	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and reletad causes of importence wera es follows:	Dats of onest
Z Trade, profession, or pertic	ular	•			
Trade, profession, or perticular kind of work done as SPINNER. Shade Cutter		Pulmonary Tuberculosis			
. Industry or business in wh work was done, es SILK	MILL.				1934
SAW MILL, BANK, etc		11. Total ti	me (veers)		
this occupation (month	July.	1934 spar	pation 5Yrs.		
				Other Coutributory Causes of importenca:	
12. BIRTHPLACE (city or town) (State or country)	Wi	sconsin		-	
E 13. NAME S		y Gregor	ek		
13. NAME S  14. BIRTHPLACE (city or town)				Name of operationnone	₩0f
(Stata or country)	P	oland.		Whet test confirmed diagnosis Chest X-Ray Wes there	e en autopsy?_N_O_
15. MAIOEN NAME	Soph	ie Rycha	rski	23. If death was due to external causes (VIOLENCE) fill in elso the foll	
15. MAIOEN NAME  16. BIRTHPLACE (city or town)				Accident, sulcide, or homicide? Date of injury	, 19
∑ (State or country)	P	oland.		Whera did injury occur?(Specify city or town, county an	16
17. INFORMANT Chest (Address) Balti	more.	Gregore Md.	k	Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLI	C PLACE.
18. BURIAL, CREMATION, OR REM	OVAL		ma Elles	Manner of injury	
Place Balto. M	d	Date Unkn	OWn , 19	Neture of injury	
HVI	Creag	1 p		24. Was disease or injury in any way related to occupation of decaased if so, specify  (Signed) Start	17 no m. D.
20. FILED, 19	10		Registrar.	(Address) State Sana Tori	m m
	If mor	e blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1036	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	الـــــا	b	

STATE C	OF MARYLAND—	CERTIFICATE OF DEATH	nac
1. PLACE OF DEATH		49-B X	14
County Tred		Registration Dist. No.	
Village or City /2cor o	Thurs of	No. St.,	Ward
Length of residence In city or town where		death occurred in a hospital or institution, give its NAME instead of street are ds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME Maggie	Inchell Soi		
(a) Residence: No. Theo	Yh 1-	St. Ward.	
(a) nosidence. No	(Usual place of abode)	If nonresident give city or town a	and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWEO, OR OIVORCED (write the word)	21. DATE OF DEATH	
remale Iffile	Ridared	(Month) (Oay)	, 198 3 6 (Year)
5a. If married, widowed, or divorced			(,,,,,,,,
(or) WIFE of Themon &	Trimes	22. I HEREBY CERTIFY, That I attend	ed deceased from
6. OATE OF BIRTH (month, day, and year)	1-1 IL 1870	I last saw h. 27 alive on Q br. 6 193	6: death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 43 du m.	, death is said
65 6	1 day,hrs.	The PRINCIPAL CAUSE OF OEATH and related causes of importance were as follows:	
8. Trade, profession, or particular	11	were as fullows.	Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Housewife.	low einoma of	noo.
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	Harran A	the vulva	1935
SAW MILL, BANK, etc	11. Total time (years)		
this occupation (month and year)	spant in this occupation		~
2,,	0 ,	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)	of forson		
13, NAME Millon	Remer		
13. NAME Mellone 14. BIRTHPLACE (city or town)	andand	nous	
(State or country)	ungeama	Name of operation Date of What test confirmed diagnosis? Was there a	
IS. MAIDEN NAME Soffica-	Stull	What test confirmed diagnosis? Was there a  23. If death was due to external causes (VIDL ENCE) filt in also the follow	
15. MAIDEN NAME Softman  16. BIRTHPLACE (city or town) Mas	Wand	Accident, suicide, or homicide?	
(State or country)	- Frederica - Commence	Where did injury occur?	, 13
7. INFORMANT Miss Min		(Specify city or town, county and S Specify whether injury occurred In INOUSTRY, In HOME, or In PUBLIC I	tate)
(Address)	ment		Enot.
18. BURIAL, CREMATION, OR REMOVAL	- 111 011	Manner of injury	
Place UB Carreley	Date Mass 9 11 , 19.36	Nature of Injury	
9. UNDERTAKER Willfride	& Enieur	24. Was disease or Injury in any way related to occupation of deceased?	no
(Address) Thurs	mont +	If so, specify	
20. FILED Uprl 7 1936 Um	ra M. Jones	(Signed) James Joan	M. D
	Registrar.	(Addjess) Them It- Med.	
If more	blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Example I VED	11	Example II	
of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
21710710801070818	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis IDEAII V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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in	200	100	
JO 1	pind	000	
LY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	carefully supplied. AGE should be stated ENACTLY. PHYSICIANS should state	.TII in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
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Evel	IA	mei	/
D. ]	SIC	tate	
5	HY	L	
EC	Ь	xac	
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3	5	Sifi	
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E	M	'n	to
TY	ed	perl	fica
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IIS	pe	pe	of c
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LY	Ca	TI	nor

TION is very im

STATE OF MARYLAND—CERTIFICATE OF DEATH

1	1)	1	7
4	U	T	6

1. PLACE OF DEATH	(23)
County torrecleuch	Registration Dist. No. 136
Village or City Man. Tubana	No. Mead lubana St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)  sdds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Willeam Thomas	Tiemes
(a) Residence: No. W. Tubana (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Manuel	21. DATE OF DEATH Skil 2 (Month) (Dey) (Yeer)
5e. If married, widowad, or divorced HUSBAND of	(House)
(or) WIFE of Idella Eyler	22. HEREBY CERTIFY, That I ettended deceased from 22 1936 to 4 kl 22 1936
6. DATE OF BIRTH (month, day, and year) Jak. 25, 1869	Hast sew hum elive on april 22 1936; deeth is said
7. AGE Yeers Months Days If LESS then	to heve occurred on the dete stated above, et 1/15 m.
68 2 29 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:
Trade, profession, or perticular kind of work done, as SPINNER, R. 4 - 12	Date of onset
SAWYER, BOOKKEEPER, etc. / Lecture / which	Tulmonary Tulmentocia 1930
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	
this occupation (month end 1934   11. Total time (years) spant in this yeer)	
	Othar Contributory Causes of importance:
12. BIRTHPLACE (city or town)  (State or country)  Mayland	
The state of the s	
E	
(State or country)	Name of operation
	What test confirmed diagnosis? Was there an au'opsy?
H	23. If death was due to external causes (VIOL ENCE) fill in also the following:
State or country)	Accident, suicide, or homicide?
· Jan al Ma H.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT W. Gras. W. Mumes (Address) Wound, md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Fued. 11/22	Manner of injury
Place Mil Viewel CM Data 7/4/ 1936	Nature of Injury
19. UNDERTAKER M. R. Clehuson & Son	24. Wes disease or injury in any wey related to occupation of deceased? No
(Address) Frederick Just	If so, specify
20. FILED Stelly, 1936 Ge Andrickson	(Signed) Men Market, M.J.
	V

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 5 1938	July 5,1927	Peritonitis	3 days ago
MIDEAU V.			
Other contributory causes of importances		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			<u> </u>

STATE OF MARYLAND—	CERTIFICATE OF DEATH	2
1. PLACE OF DEATH	93-20 × 12	83
county Frederick	Registration Dist. No. / 3	2
Village or City Teters Y'Ille	No. St., death occurred in a hospital or institution, give its NAME instead of street and no	Ward umber)
Length of residence in city or town where death occurred	ds. How long in U.S. if ol foreign birth?yrsmos	sds.
2. FULL NAME ocial Tross	V	
(a) Residence: No. 1 = ffersom (Usual place of abode)	St., Ward.  If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Dey)	193 <b>6</b> (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice C. Gross	22. I HEREBY CERTIFY, That I attended d	deceased from
6. DATE OF BIRTH (month, day, end year) Sept. 2, 1852	I last saw home elive on april 11 , 1936	; death is said
7. AGE Years Months Deys If LESS then 1 day,hrs.	to have occurred on the date stated above, at 9-P.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
Trade profession or particular	were es follows:	Date of onset
S. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.	Cerebral anema	41/36
5. Industry or business in which work was done, es SILK MILL,	Sevila demention	3/2/36
SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this 1.6	Depotogia	3/19/3
12. BIRTHPLACE (city or town) Middle town:	Other Contributory Causes of Importance:	
(State or country)	Chris my reason	1734
13. NAME HERRY Gross		
7 14. BIRTHPLACE (city or town) 11 dd to too.	Name of operation Dete of	7.
(State of country)	What test confirmed diagnosis?	utopsy?
15. MAIDEN NAME Mahala Beachley	23. If death wes due to external causes (VIOLENCE) filt in also the following:	
16. BIRTHPLACE (city or town) M. Adject	Accident, suicide, or homicide? Defe of Injury	, 19
17. INFORMANT A PROPERTY (Address)	Where did Injury occur?  (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or ia PUBLIC PLA	CE.
18. BURTAL, CREMATION, OR REMOVAL Mills Place Reformation Date H A. 1936	Manner of injury	
19. UNDERTAKER Gladill Co. (Address) Middle toott		Wo
20. FILED April 21, 1936. D. Groyon Sanner Registrar.	(Signed) a Vallow of I rece (Address) Lessee Sow Med	М. D.
If more blanks are needed, address State Registrar	24.1 N Charles Street Baldmike Houseling 9) S. No. 1	

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 near

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

County Trederick	Registration Dist. No.
Village or City Thoulville	NoSt.,
14	If death occurred in a hospital or institution, give its NAME instead of street and nurseds How long in U.S. If of foreign birth?yrsyrs
2. FULL NAME Says & a. I fame	
(a) Residence: No. About valle Mil.	St., Ward.
(Usual place of abode)	If nonresident give city or town and St
PERSONAL AND STATISTICAL PARTICULARS  3.5EX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	(Month) (Dey)
5e. If married, widowed, or divorced (or) WIFE of Lake Island I faminis	22. 4 HEREBY CERTIFY, That I attended de
6. DATE OF BIRTH (month, day, end yeer) Aug. 23, 1844	1926, to 4   1   3   19   19   19   19   19   19
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at /1/0 P.m.
91 7 18. 1 dey,hrs	The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were es follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	01.00
9. Industry or business in which	CM. Myscarallo
work was done, es SILK MILL, SAW MILL, BANK, etc	nephritis
O 10. Dete decessed lest worked et this occupation (month end spent in this	
12. BIRTHPLACE (city or town) Frederice 60.	Other Coutributory Causes of Importance:
(State or country) A Mary land.	Che Urinia
13. NAME John Jony.	
4 14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diegnosis? Wes there en euf
15. MAIDEN NAME Unna Condon.	23. If deeth wes due to externel causes (VIOL ENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury
m. El m	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC
17. INFORMANT (A) #3 mr. au ma	
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Il Marry Contry Date your 14, 1900	Nature of injury
19. UNDERTAKER La. M. Maltz	24. Wes disease or injury In eny way related to occupation of deceased?
(Address) Tranfallet, Miles	(Signed) Astauly Tabil

STATE OF MARYLAND-CERTIFICATE OF DEATH

(121)	X	1,	1 7
	Registration	Dist. No.	7-/
hospital or instituti	ion, give its NAME	St.,St.,	d number)
		угз	
Ward.			
	If nonresident	give city or town a	nd State
EDICAL CE	RTIFICATE	OF DEATH	
F DEATH	I The Table		
ly	ril	11.	193 6 .
	(Month)	(Dey)	(Year)
HERERY	CECTIE	Y That I amount	4 4
		Y. That I attende	
	19.2.6., to		, 193.6.
alive on	4/11/3	, 19	; deeth Is seld
on the date stated	above, at /1/0	P.m.	
CAUSE OF DEAT	H and related ceus	es of Importence	
			Oate of enset
mu	reard	itis	5
19	heard hip		
	2.1	1 -	7
	·······································	nsura	
ory Causes of Impor	rtance:		
mia			5
mia			
		Date of	
ned diegnosis?	******	Wes there e	n eulopsy?_H40
ue to externel caus	ses (VIOLENCE) fil	in elso the follow	ing:
, or homicide?		Dete of injury	19
occur?			
	(Specify city or	town, county and S	tate)
Injury occurred in	INDUSTRY, in HO	ME, or in PUBLIC	PLACE.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis   Fig. L   E   V E D	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAY · 5 1936	July 5,1927	Peritonitis	3 days ago
FILL ATT V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH .	(3D) 2D 405K
/ County Mredericle	Registration Dist. No.
Village or City Monteware Emery	St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	How long In U.S. If of foreign birth?yrsmosds
(a) Residence: No. Montevie Frederic	Land Words) X Weterson
(Usual place of a ode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED.	MEDICAL CERTIFICATE OF DEATH
male colored OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, Thet   attended decessed from
(or) WIFE of Caroline Washington	Feb 16 1936 to april 6 1936
6. DATE OF BIRTH (month, day, and year) 1848-Unknown	lest sew him alive on april 6th 1936 death is sale
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
9-3 P 1 dey,hrs	were as fullows.
8. Trade profession or particular	Date of oneet
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done as SILK MILL	Urennes Shell
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	30
Date decesed last worked et 10 11. Total time (years)	
this occupation (month and 1928 spant in this 60 year)	
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
14- 10/ 10	half the
	reparing "a
(State or country)	Neme of operation Dete of
15. MAIDEN NAME Sessa Solar how	What test confirmed diagnosis? Was there an autopsy?
	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
6 Calabilian P.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL 1 - Buckeystaw	Manner of injury
Placest oseph's atholic Churche 9- april, 19 06	/41/
19. UNDERTAKER (Address)	24. Was disease or injury in eny way related to occupation of deceesed? 2
total inter-	If so, specify  (Signed) BOTHERS M. D.
20. FILED 7- Graffy 1956. On File Graffy Registrar.	(Address) Fraderick 2nd
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis AY 5 1936	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Perilonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

item of infor-

STATE OF MARYLAND—CERTIFICATE OF DEATH	4051
EATH WITH X	^

1. PLACE OF DEATH County Frederick	within the i	Colhousia Milit	Registration Dist. No. 13
, Village or City Frederick			No. 726 No Market St., Waldestroccured in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Mrs. Louis  (a) Residence: No. 726 N.	sa Eckstei	in offa	If the S. Veteran, specify WAR none  Ward.  If no series of the series o
PERSONAL AND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE white		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  April 8th., 1936.  (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. T. Halls	ır		22 I HEREBY DERTINO, hat I athorded discessed in
6. OATE OF BIRTH (month, day, and year)	December 3	31. 1858	I last sev h alive on
7. AGE Yeers Months	Days	if LESS then	to have occurred on the date stated ab ve, at 5 • 5454m.
77 3	7	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Housewife		Cronou, Ochum 4/8
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total ti	ime (years) nt in this 55	
12. BIRTHPLACE (city or town) Fred	lerick	pation	Other Contributory Canses of importance:
	ryland		Within the Defendant,
13. NAME Christian Ecks 14. BIRTHPLACE (city or town) Germ (State or country)			Name of operation
	Style		What test confirmed diagnosis?
15. MAIDEN NAME Elizabeth 16. BIRTHPLACE (city or town) (State or country)			Accident, suicide, or homicide?
17. INFORMANT Mrs. John T. (Address) Fraderick.			(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PlaceMt.Olivet Cem. F		11 10 ,1936	Manner of Injury
19. UNOERTAKER M. R. Etchiso (Address) Frederick, Md	n & Son		24. Was disease or injury in ent way related to occupation of deceased?
20. FILED 8 - april 1936. I	is f. he	C. Curly Registrar.	(Signed) Turne M.M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	CERTIFICATE OF DEATH 4052	
1. PLACE OF DEATH	160P) 20 12/	
County Frederick	Registration Dist. No. / 2 /	
Village or City Monture Conlegens	y No. Daspital St. W	Vard
	death occurred in a hospital or institution, give its NAME instead of street and number)	
m / 100 1 11	ds. How leng In U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME / Saby Girl Have	be teller 10 x -	
(a) Residence: No. My (Usual place of abode) (Usual place of abode)	St., Ward. Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH	
a. If merried, widowed, or divorced	(Month) (Day) (Yeer	)
HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased	from
	april 9 , 19 36, to april 11 , 19 .	36
6. DATE OF BIRTH (month, day, end year) Upril 9-36	I last saw her alive on spece to 1936, death is	sald
7. AGE Years Months Days If LESS then	to have occurred on the date stated above, at	
O 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:	-
8. Trade, profession, or particular	Date of or	nset
SAWTER, BUUKKEEPER, etc.	Convertiens Q'	0
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	hemorrhage in	9
	Special Cord	
10. Date deceased lest worked at this occupation (month and spent in this occupation coupetion	Primary Canal Injury at birth.	
12. BIRTHPLACE (city or town) Frederick)	Other Contributory Causes of Importance:	
(State or country) maryland.		
13. NAME Granson Haupt		
14. BIRTHPLACE (city or town) Frederick	Name of operation Date of	
(State or country) maryland.	What test confirmed diagnosis? Was there an autopsy	J
15. MAIDEN NAME Maxing Pones	23. If death was due to external ceuses (VIOL ENCE) fill In also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19	
(State or country) maryland.	Where did Injury occur?	
17. INFORMANT Emily adelaberger	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
(Address) Entralner With Dit	Specify wholest impary occurred in The DOSTRY, III HOME, OF IN PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Agrees will just	Manner of injury	
Place tother Clin Date 11. april, 19	Nature of injury	
Ella Da COO		
19. UNDERTAKER  (Addiess)  (Addiess)	24. Was disease or injury in any way related to occupation of deceased?	
	If so, specify (Signard)	
20. FILED// - april, 1936 - Dra & mc Curdy	(Signed) JOHN (Address)	И. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	-	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAY 5 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	N
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TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF	DEATH	405.
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1. PLA	CE OF DEATH				23 11	
Coun	ty Fre	eri	ck,		Registration Dist. No. 13	9
Villa: Lengt	ge or CityStat	n where d	anatorio	lm, Md. (I	No. Sabellasivelle St.,  I death occurred in a hospital or institution, give its NAME instead of street and n  13 ds. How long In U.S. if of foreign birth? yrs. mo	Ward
	L NAME		rles Llo	yd Hauve	r If U. S. Veteran, specify WAR 10 X -	
(a) I	Residence: No.	Thu	(Usual place	of abode)	St. WardFrederick, Co. Naryl If nonresident give city or town and	and.
PEF	SONAL AND ST	ATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR R. White	ACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  April 26  (Month) (Day)	, 193.6 (Year)
5a. If married HUSBAI (or) WI	l, widowed, or divorced				22. I HEREBY CERTIFY, That I attended of April 13 ,1936 , to April 26	deceased from
7. AGE	Years Me  Years Me  38  e, profession, or particular ind of work done, as SPII AWYER, BOOKKEPER, etc.	onths ) NER.	April Days 9 Plaster	17 1898  If LESS than 1 day, hrs. or min.	1 2	; death is said
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)				tin this 8Yrs.	Pulmonary Tuberculosis, with many Metastatic Abcesses Other Contributory Causes of importance:	pril 1934
(State or country) Maryland.    13. NAME Charles C. Hauver   14. BIRTHPLACE (city or town)					Fatal Gastric Hemorrhage from Gastric Ulcer.  Name of operation none pos Sputurflate of What test confirmed diagnosisthest X-Ray Was there an a	
15. MAIDEN NAME  May C. Durben  16. BIRTHPLACE (city or town)  (State or country)  Maryland*					23. If death was due to external causes (VIOL ENCE) fill in also the following Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State	:
17. INFORMANT Charles L. Hauvér (Address) Thurmont, Md.  18. BURIAL, CREMATION, OR REMOVAL Place Thurmont, Md. Date April 29, 19 36					Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	iCE,
19. UNDERTA (Add	KER Willhi (ess) Thur (H) 16/369	de	& Creage	∍r	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Address)  (Address)	no er m. o.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example 1			Example II		
The principal cause of of importance were as	follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	BECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neptir		1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	MAY 6 1930	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory cal	The second secon		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
			•		
			3		

Sign of the state	18
Village or City  Length of residence in city or town where death occurred to yrs most and street and aumit and street and street and aumit and street and stre	A.
Village or City  Length of residence in city or town where death occurred to yrs most and street and aumit and street and street and aumit and street and stre	
Length of residence in city or town where death occurred by yrs mos.  Length of residence in city or town where death occurred by yrs mos.  Length of residence in city or town where death occurred by yrs mos.  Length of residence in city or town where death occurred by yrs mos.  Length of residence in city or town where death occurred by yrs mos.  Length of residence in city or town where death occurred by yrs mos.  Length of residence in city or town where death occurred by yrs mos.  Length of residence in city or town where death occurred by yrs mos.  Length of residence in city or town where death occurred by yrs mos.  Length of residence in city or town where death occurred by yrs mos.  Length of residence in city or town where death occurred by yrs mos.  Length of residence in city or town where death occurred by yrs mos.  Length of residence in city or town where death occurred by yrs mos.  Length of residence in city or town where death occurred by yrs mos.  Length of residence in city or town where death occurred by yrs mos.  Length of residence in city or town where death occurred by yrs mos.  Length of residence in city or town where death occurred by yrs mos.  St. Mord.  Length of residence in city or town where death occurred by yrs mos.  St. Mord.  Length of residence in city or town where death occurred by yrs mos.  St. Mord.  Length of residence in city or town where death occurred by yrs mos.  St. Mord.  Length of street and aumthous processing by town length of the word by yrs.  Length of street and aumthous processing by town length of street and aumthous proce	Wa
3. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Widowed  Sa. If married, widowed, or divorced Wilsohand of Color of of	ber)
3. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Widowed  Sa. If married, widowed, or divorced Wilsohand of Color of of	
3. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Widowed  Sa. If married, widowed, or divorced Wilsohand of Color of of	
3. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Widowed  Sa. If married, widowed, or divorced Wilsohand of Color of of	te
BY A DESCRIPTION OF DEATH and related causes of Importance were as follows:    Solid Content of Con	
Sa. If married, widowed, or diverced HUSBAND of Corry WIFE of Edward Mendersamy  5a. If married, widowed, or diverced MUSBAND of Corry WIFE of Edward Mendersamy  6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than I day, hrs. hrs. I day, hrs. hrs. min.  8. Irade, profession, or particular Days If LESS than I day, hrs. were as follows:  Days If LESS than I day, hrs. hrs. were as follows:	(Year)
7. AGE Years Months Days If LESS than 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	` '
7. AGE Years Months Days If LESS than 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	ased fr
7. AGE Years Months Days If LESS than 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	eath is s
Z octade, profession, or particular	
Z octade, profession, or particular	A
SAWYER, BODKKEEPER, etc.	ate of ons
	mel
Y S Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	- 4
H X I I I I I I I I I I I I I I I I I I	
WEARING OCCUPATION (Month and Dec. 35) Spent in this 35 Occupation (Month and	
Z G S D 12. BIRTHPLACE (city or town) (State or country)	
WIND 12. BIRTHPLACE (city or town)  (State or country)  (State or country)  (State or country)  14. BIRTHPLACE (city or town)  And the state of operation  Name of operation  Date of	2
	73.
E State or country)	2
What test confirmed diagnosis? Was there an autop  23. If death was due to external causes (VIOLENCE) fill In also the following:	sy?
	10
(Specify city or town, country and State)	, 19
Accident, suicide, or homicide?  Date of injury  (State or country)  Date of injury  Where did injury occurr?  Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Address)  18. BURIAL CREMATION. OR REMOVAL	
Manner of Injury	
Nature of injury  19. UNDERTAKER  (Address)	-2
(Address) Frederick, Nd.  (Address) Frederick, Nd.  (Signed)  (Address) Registrat.  (Address) Registrat.	M.
If more blanks are needed, address State Rigistrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis MAY 5 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Secularities and descriptions of the secularities of the secularit	13		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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(Yeer)

Date of onset

mar 2

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Example L	50	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis PIIDPATI	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	CDACE	FOD	PHOTHED	STATEMENTS	PV	DHVSICIAN
ADDITIONAL	SPAUL	run	FURIHER	DIVITEMENTS	DI	PHISICIAN

STATE OF MARYLAND	CERTIFICATE OF DEATH 4056
1. PLACE OF DEATH	107.2
county Frederick	Registration Dist. No. / 38
Village or City Na Maurovia	No. St., Ward  If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	
2. FULL NAME Maynard Lever lass	ksou!
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIFD, WIDOWED, OR DIVORCED (write the word) Surgle	21. DATE OF DEATH Offile 6 (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22.   HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Feb. 14-1933	I last saw h. Lun alive on a fel 6th, 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
3 / 22   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Mente Prometitie Mar 18
SAWYER, BOOK KEEPER, etc.	[936
work was done as SILK MILL	Broucha premuonea All
SAW MILL, BANK, etc	1936
lange de de	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Waryland' (State or country)	
E famous	
14. BIRTHPLACE Voity or town)	Name of operation
	What test confirmed diagnosis? Was there an au'opsy'
H	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury, 19
	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT ACCOUNTS (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Frontain Mell Date 4- 8 - 1936	Nature of injury
19. UNDERTAKER W. E. Falcoyer.	24. Was disease or injury in any way related to occupation of deceased?    If so, specify
20. FILED Apr 8 , 1936 Lucian H. Follower Registrar.	(Signed) Ernet P. Roap M. D. (Address) New Warket My
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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The principal cause of death and related causes of importance were as follows:			Example II		
of importance were as follows:	= 1936	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	MAY 3	c 1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	- V 111	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	FALL TO THE	July 5,1927	Peritonitis	3 days ago	
	and Section 1984.				
Other contributory causes of in	nportance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
		الحصال		1	

1	STATE OF MARYLAND—	CERTIFICATE OF DEATH	7
1. 1	PLACE OF DEATH	: (3)	ä
	County Frederick	Registration Dist. No.	
	Village or City Maurille	No. St.,	Ward
	Length of residence in city or town where death occurred	death occurred in a hospital or invitation, give its NAME instead of street and number ds. How long in V Saif of foreign birth?yrsmos	er) ds.
2. 1	FULL NAME Mis. May Quina Close	whethe Jensen of Wal Veleran	1
	(a) Residence: No. Mauntan P. V. M.	St. Ward.	in
	(Usuarplace of above)	If in trespent give city or town and State	Y 1. 300
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write type word)	21. DATE OF DEATH	6
te	male while manied		(Year)
H	merried, widowed, or divorced	22. I HEREBY CERTIFY. That I ettended decea	sed from
- (	or) WIFE of Welliam enterns	march 1930 to abril 15	19.3.6
é 6. DAT	TE OF BIRTH (month, day, and year) august 1867?	I last saw h. e. Y. alive on Fall 16, 1936; dea	ath is seld
6. DAT 7. AGE		to have occurred on the date stated above, at 3.157m.	
Ŧ	69! 107 2 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:	te of onset
	3. Trade, profession, or perticular kind of work done, as SPINNER,	Endocarditis	?
	SAWYER, BOOKKEEPER, etc.	Cerebral hemorrhage 19	934
up ac	work was done, as SILK MILL, at Home		
101			
instructions on 13 13 13	this occupation (month and 4/34   11. Total time (years) spant In this occupation (month and 4/34   0   11. Total time (years)	Other Coutributory Causes of importance:	
12. BII	RTHPLACE (city or town)	arterio selerares 19	25 ?
Ĕ -	(State or country) Maufand	Chronie Nephratio: 1	930
HER 13	3. NAME Marien Meller		
	BIRTHPLACE (city or town)	Name of operation Date of	
~   ~	(State or country) Maistand	What test confirmed diagnosis? Was there an autops	sy? Ma.
를 보는	5. MAIDEN NAME / Kennella Cook	23. If death was due to external causes (VIOLENCE) fill in also the following:	
MOT 16	6. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury,	19
E -	Siete of country)	Where did injury occur? (Specify city or town, county and State)	~~~~~
	(Address) Frederick R.F.D. 4 Md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BU	RIAL, CREMATION, OR REMOVAL SUPERSON.	Manner of Injury	
	Place Dulleran Cesto Date apr. 17, 1936	Nature of injury	
NOIT 19. UN	MR Etchinis + See	24. Was disease or injury in any way related to occupation of deceased?	b
19. UN	(Address) Fredericks Marilland	If so, specify	
20. FIL	5016-alu 10 Mario 10	(Signed) Jamuel G. Hobe	M. D
20, 111	Registrar.	(Address) adamstown Med.	
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year.
		No. of the last of	

ADDITIONAL SPACE FOI	FURTHER S	STATEMENTS	BY	PHYSICIAN
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CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of

TION is very important.

AGE should be

certificate.

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEAT				aux)			
County Free	lerick	• • • • • • • • • • • • • • • • • • • •		Registration Dist. No. 13	2		
Village or City	Middl	etown		NoSt.,St.,	Ward		
			(1)	death occurred in a hospital or institution, give its NAME instead of street and including the death of the death of the death of the death occurred in a hospital or institution, give its NAME instead of street and including the death occurred in a hospital or institution, give its NAME instead of street and including the death occurred in a hospital or institution, give its NAME instead of street and including the death occurred in a hospital or institution, give its NAME instead of street and including the death occurred in a hospital or institution, give its NAME instead of street and including the death occurred in a hospital or institution, give its NAME instead of street and including the death occurred in the	number)		
				If U. S. Veteran, specify WAR			
(a) Residence: No.				St., Ward.			
		(Usual place		If nonresident give city or town and	State		
PERSONAL AN				MEDICAL CERTIFICATE OF DEATH			
E Lord - Control of the Lord	r or RACE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH  (Pay)  (Day)	, 193 (a		
5a. If married, widowad, or divo HUSBAND of (or) WIFE of Rich		Eefauver		22. I HEREBY CERTIFY, That I attanded	V 355 24		
6. DATE OF BIRTH (month, day	, and yaar)	July 27	1847	I last saw har aliva on after 26 ch 19	_; death is said		
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at / Q. A.m.			
89	1	29	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importanca were as follows:	Date of onset		
8. Trada, profession, or pa kind of work done, SAWYER, BOOKKEE	rticular as SPINNER,	I 201		acrete yeart Dat			
kind of work done, SAWYER, BOOKKEE		iousei	LIE	allactu			
work was done, as S SAW MILL, BANK, o	ILK MILL,			Coronary occlusions Quegos.			
SAW MILL, BANK, et al. 10. Date deceased last wor this occupation (may year)	kad at nth 10936	Spe Spe	time (yaars) ent in this upation	N			
12. BIRTHPLACE (city or town) (State or country)	liidale lid.	etown		Other Contributory Causes of importance:	-		
13. NAME Samue				arteriorsclerosia: since 1924			
13. NAME Samue		lletown		Name of operation Date of			
(Stata of country)	,	Ì	d.	What test confirmed diagnosis? Was there an a			
15. MAIDEN NAME	argaret	Floyd		23. If death was due to external causes (VIOLENCE) fill in also the following			
15. MAIDEN NAME 11  16. BIRTHPLACE (city or to (State or country)	wn) lidd	letown		Accident, suicida, or homicide? Date of injury  Where did injury occur?			
17. INFORMANT 17. (Address)	L. Cobl	entz wn. lid.	•	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
18. BURIAL, CREMATION, OR R Place IIIddle	EMOVAL	Cem.	8,1936	Manner of injury			
19. UNDERTAKER	adhill iletown	Company		24. Was disaase or injury in any way related to occupation of deceased?			
11.100	1001	hayson	Jannes	(Signed) (CV Hause)			

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
HILITADE CONTRACTOR OF THE CON			

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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	Example II	
S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
2 Charles	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5, 1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis  Other contributory causes of importance:

1. PLACE OF		JF MAK	TLAND-		160
County	Frederick			Registration Dist. No. 139	
	ity State San		. Md.	No. Sabella sullo St., death occurred in a horpital or institution, give its NAME instead of street and r	Ward
			(If	death occurred in a horpital or institution, give its NAME instead of street and r. 19	number)
2. FULL NA	ME Charl	es Kenn	edy	If U. S. Veteran, specify WAR	
(a) Residen	ce: No. 275 N	c Curle (Usual place	y St.	St., WaBaltimore Maryland.  If nonfesident give city or town and	State
PERSON	IAL AND STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	
Male	White	Marri		April 4 (Oay)	, 1930 (Year)
5a. If married, widow HUSBANO of (or) WIFE of		h Kenne	dy 27 1883	22. I HEREBY CERTIFY, Thet I attended  July 13 1935 to April 4  I last saw h 1 m alive on April 4 1936	, 1936
7. AGE Yea		Days	If LESS than	to have occurred on the date stated above, al O. 30Am.M.	
5	2 6	7	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of one ot
0. Date decees	businass in which s done, as SILK MILL, LL, BANK, etced lest workad at pation (month and ty or town)	11. Totali 1935 spe 0cc	ime (years) nt in this upation SYLS	Other Contributory Causes of Importance:	1935
13. NAME		H. Kenn			
	(city or town) country)	Marylan		Name of operation	
E (State or	country)  Charles	Marylan Kennedy		23. If death was due to external causes (VIOL ENCE) fill in elso the following Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	, 19
(Addrass)	Baltimor	re, Md.			
18. BURIAL, CREMAT	1to. Md.	Date_Unk	nown, 19	Manner of Injury	
19. UNDERTAKER(Address)	M. L. Creage			24. Was disease or injury in any way related to occupation of decaased?  If so, specify	no
76	· If more	blanks are needed.	Registrar. address State Registrar.	(Addrass) Atale Samalo 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	nm

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Example I	ii	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAI O			
Other contributory causes of importance:	4	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis (13 A 13 23 21)	3 days ago
			1
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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V. S. No. I	B.—WRITE PLAINLY, WITH
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

S	TATE O	F MAR	YLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEAT				3002
County Thea	euck	Within	the Corporate	Registration Dist. No. 13/
Village or City 2	reder	ck		No. 444 W. Santh St Word
			(1	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city	or town where de	eth occurred	U_yrsOmos	s. O How long in U.S. If of foreign birth?wrsmosds.
2. FULL NAME /	emale	rufa	ur-fina	incurred congress of x
(a) Residence: No	444 N	(Usual place	ull St.	- Stridewood, und.
PERSONAL ANI	STATISTIC			If neignesident give city or town and State  MEDICAL CERTIFICATE OF DEATH
			KTED, WIDOWED,	21. DATE OF DEATH
Themalo W	Mito		D (write the word)	april 24 193 6
5a. If married, widowed, or divorce	ed	-		- (Month) (Day) (Year)
HUSBAND of (or) WIFE of				22. O I HEREBY CERTIFY, That I attended deceased from
		211	91	Daw agen, weath 28- yeil 19 36
6. DATE OF BIRTH (month, day, 7. AGE Years	end year) 4	Deys	- 36	1 fast saw h; deeth is said
ACD			1 dey,hrs.	to heve occurred on the date steted above, atm.  The PRINCIPAL CAUSE of DEATH and related causes of importance
8. Trede, profession, or par	ticular	0	ormin.	were es follows: Date of onset
kind of work done, a SAWYER, BOOKKEEP	S SPINNER, CZ	K'.		71136
kind of work done, a SAWYER, BOOKKEEP  9. industry or business in work wes done, es SI	which	all.	Bon	2-149
SAW MILL, BANK, et	G			
10. Dete deceesed lest work this occupetion (mont year)	ed et h end	spa	ime (yeers) nt in this	
y641)	Free Los	1 0001	pation	Dther Cantributory Causes of Importence:
12. BIRTHPLACE (city or town) (Stete or country)	MIANI	and.		
1	> "	P		THE TANK A COST OF THE PARTY OF
E		· · ·	1	The state of the s
4 14. BIRTHPLACE (city or tow (State or country)	n)	J		Name of operation Date of
	Many	Rine	WALLER WAIN	What test confirmed diagnosis? Wes there an eulopsy 200
H	V	i	C MATCUN	23. If deeth was due to external ceuses (VIDLENCE) fill in also the following:
O 16. BIRTHPLACE (city or tow (Stete or country)	1) / 1/1/	author	nd	Accident, suicide, or homicide?
17. INFORMANT DA. A	11-46	Form	. 1.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	edinch	ma	3 7	open, waster many secured in industry, in nome, or in robert Place.
18. BURIAL, CREMATION, OR RE	MOVAL Treed	wich wel.	2/	Menner of Injury
Piece / Moulu	ie cim.	Date 4 - d	7 ,1956	Nature of injury
19. UNDERTAKER Coma	A France	cal He	me	24. Was disease or injury in any way related to occupation of deceased?
(Address) The	deuck	mea		If so, specify
20. FILED 29 - Okiel, 19	36. Dia	I his	andy	(Signed) W. J. JOWN M. D.
	- (5		Registra).	(Address) frudesich Mg.
	If more bla	nks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Evample II

Example 1	Ti I	Example 11	
The principal cause of death and related causes of importance were as follows:  Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis MAY 5 1936	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUDEAU V. S.			- 11
	-13		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Length of residence in city or town where death occurred with the most of the second o	ath occurred in aborpital or institution, give its NAME instead of street and number)  As. How long in U.S. if of foreign birth?
Village or City Bradlack Height (If deal Length of residence in city or town where death occurred 3 yrs. — mos. ?  2. FULL NAME Victor M. Markew  (a) Residence: No. Bradlack Heights, Mill (Usual place of shode) Town (Usual pla	And the occurred in a borpital or institution, give its NAME instead of street and number)  And the word in a borpital or institution, give its NAME instead of street and number)  And the word in a borpital or institution, give its NAME instead of street and number)  And the word in a borpital or institution, give its NAME instead of street and number)  And the word in a borpital or institution, give its NAME instead of street and number)  And the word in a borpital or institution, give its NAME instead of street and number)  And the word in a borpital or institution, give its NAME instead of street and number)  And the word in a borpital or institution, give its NAME instead of street and number)  And the word in a borpital or institution, give its NAME instead of street and number)  And the word in a borpital or institution, give its NAME instead of street and number)  And the word in a borpital or institution, give its NAME instead of street and number)  And the word in a borpital or institution, give its NAME instead of street and number)  And the word in a borpital or institution, give its NAME instead of street and number)  And the word in a borpital or institution, give its NAME instead of street and number)  And the word in a borpital or institution, give its NAME instead of street and number)  And the word in a borpital or institution, give its NAME instead of street and number)  And the word in a borpital or institution, give its NAME instead of street and number)  And the word in a borpital or institution, give its NAME instead of street and number)  And the word in a borpital or institution, give its NAME instead of street and number)  And the word in a borpital or institution, give its NAME instead of street and number)  And the word in a borpital or institution, give its NAME instead of street and number of stre
(If deal Length of residence in city or town whera death occurred by yes. — mos. ?  2. FULL NAME Unitary M. Marken  (a) Residence: No. Braddack Hieghla Mid.  (Usual place of abode) Touch  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  Markensol  5a. If married, widowed, or divorced HISBAND of	ath occurred in a borpital or institution, give its NAME instead of street and number)  7. ds. How long in U.S. if of foreign birth?
Length of residence in city or town where death occurred by yrs. — mos.  2. FULL NAME Unitary M. Markew  (a) Residence: No. Braddack Highest Markey  (Usual place of mode) Death  (Usual place	ds. How long in U.S. if of foreign birth? yrs. mos. ds.  St., Ward. Le  St., Ward. Le  If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH  MEDICAL CERTIFICATE OF DEATH  (Month) (Day) (Yeer)  1. HEREBY CERTIFY, That I attended deceased from 1936, to Left-Left J., 1936.
(a) Residence: No. Braddack Highlo, Tud  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCED (write the word)  Thankeld  HISBAND of	St., Ward. Le If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  (Month) (Day) (Yeer)  22. I HEREBY CERTIFY, That I attended deceased from 2, 193 6, to 1, 193 6.
(a) Residence: No. Braddack Highlo, Tud  (Usual place of shode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCED (write the word)  Thankeld  HISBAND of	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  (Month)  (Day)  (Yeer)  22. I HEREBY CERTIFY, That I attended deceased from 2, 193 6, to
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  While  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  THAT HISPAND of	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  (Month)  (Day)  (Yeer)  22. I HEREBY CERTIFY, That I attended deceased from 2, 193 6, to
3. SEX 4. COLOR OR RACE OR DIVORCED (**ortic the word) 5a. If married, widowed, or divorced HUSBAND of	2. I HEREBY CERTIFY, That I attended deceased from 2, 1936, to 2, 1936.
Male white OR DIVORCED (write the word)  5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Yeer)  2. I HEREBY CERTIFY, That I attended deceased from 2, 193 6, to
HUSBAND of A	april 2,1936, 10 april 5, 1936
	I last saw h alive on Chil 5 1936: death is said
6. DATE OF BIRTH (month, day, and yeer) Nov. 27, 1859	,,,,
7. AGE Years Months Days If LESS than to 1 day,	to have occurred on the dete stated above, at 4
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Data of onset
9. Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc.	Unite Mayo cardita Chris
11. Total time (years) spant in this year)	
12. BIRTHPLACE (city or town) Skederick	Other Contributory Causes of Importance:
(State or country) Dredericks Co., Mid	acula Bronshites mul
14. BIRTHPLACE (city or town) (Color or country)	Name of operation Dete of
C	What test confirmed diagnosis?
16. BIRTHPLACE (city or town) Walfs will.	Accident, suicide, or homicide?
1 1 5	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Fuell, ml.	Menner of injury
Place Fut Olivet Cempate apr. 7 , 1936	Nature of Injury
19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased? 220
20. FILED. 7- dearl, 1936. Dra J. har hundy. Registrar.	(Signed) 10 1 De Please M. D. (Address) M. D. Service M. D.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The second secon	Of selforageage		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
-1			
		A Comment of the Comm	prefigire.

V. S. No. 1

S	TATE C	F MAR	YLAND-	CERTIFICATE OF DEATH	100.
1. PLACE OF DEA	TH .	,		(107.5) X	121
County Fre	deries	le Within	the finiterials	Registration Dist. No.	121
Village or City	reden	ek		No. 6/3 Collapse alley death occurred in a hospital or institution, give its NAME instant of a	St., Ward
Langth of residence in c	ity or town where o	leath occurred		28 ds. Yow long in U.S. if of foreign birth?yrs	
2. FULL NAME	Patrice	& Lee	May	(Infants)	
(a) Residence: No.	6/3 6	hapel Usual place of	alley	St., Ward. Not a Ward.  If nonresident give city or	clesare town and State
PERSONAL AN	D STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DE	ATH
0	R OR RACE		(write the word)	21. DATE OF DEATH	193 6
5e. If married, widowed, or dive		angl	-	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of			->	22. I HEREBY CERTIFY, That I  April (5th 1936 to	attended deceased 475
6. DATE OF BIRTH (month, da	7	12. 17	1035	I last saw him alive on abril 15th	. 1936 : death is said
7. AGE Yeers	Months	Days	If LESS than	to have occurred on the dete steted above, et	, 2000, 1000,
/	0	28	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importa were as follows:	Date of onset
8. Trade, profession, or p kind of work done, SAWYER, BOOKKE	articular as SPINNER,	A-	- 0	3 1.10	
9. Industry or business in	n which	no M	edf.,ul	From Chial Tremand	414/3
27 CANCARLL DAME	SILK MILL, etc.	refess	ean		
10. Date deceased last wo this occupetion (moyear)	rkad at unth and	11. Totel tip	ma (years) tin this pation		
	Fred	inich		Other Coutributory Causes of importance:	+
12. BIRTHPLACE (city or town) (State or country)	ma	us land	P	Palient brought & ffree are ken	ry Kun
13. NAME -Gas	8 61	may		And the motion of the costs	
13. NAME Car	Dea	el-		Name of operation	Date of
(State or country)	ma	y Ran	L		there en autopsy? 143.
15. MAIDEN NAME	elie 1	Linto	· .	23. If death was due to externel ceuses (VIOLENCE) fill in also the	
16. BIRTHPLACE (city or t	OWN) Fre	deviel	e	Accident, suicide, or homicide? Date of injur	ry, 19
(State or country)	me	my lan	d	Where did injury occur?	10
17. INFORMANT 6ca (Address)	of Cello	ma	To Attend	(Specify city or town, count Specify whether Injury occurred In INDUSTRY, In HOME, or in PU	y and State) UBLIC PLACE.
18. BURIAL, CREMATION, OR		Just Cul	ma.	Manner of injury	
Place M.J. Q	live ?	Date 4/	7 1936	Nature of injury	
19. UNDERTAKER Kee	y E.	Gar	Ty Cev	24. Was disease or injury in any way related to occupation of dece	eased? Yu.
(Address)	den	so or	ia.	If so, specify	
20. FILED J. 7 - Ofesil	19.36. Or	at his	Caraly Registral	(Signed) Address) Janden K	m. D
	If more	blanks are needed, a	ddress State Registrar,	2412 N. Charles Street, Baltimore, Requesting U. S. No. 2.	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage ( )	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
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ADDITIONAL CDACE FOR EUDPHED CTATEMENTS DV DIVELGIA

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STATE OF MARYLAND—CERTIFICATE OF DEATH PHYSICIANS should state item of infor-OCCUPA-1. PLACE OF DEATH County Registration Dist. No. No. Adamstown ND. Adams town St.,

(If death occurred in a hospital or institution, give its NAME instead of street and number) 34 Length of residence in city or town where death occurred yrs mos. ds. How long in U.S. if of foreign birth? yrs mos. ds. Exact statement 2. FULL NAME Mrs. Sarah Estelle Mohler Adamstown PERMANENT RECORD. (a) Residence: No. PERSONAL AND STATISTIC 3. SEX 4. COLOR OR RACE stated EXACTLY. male white classified. 5a. If married, widowed, or divorced HUSBAND of Thomas M. Mohle (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) Aug. properly 7. AGE Months 59 8 8. Frade, profession, or particular WITH UNFADING INK-THIS NOI kind of work done, as SPINNER. Hot SAWYER, BDDKKEEPER, etc. AGE should be Jo OCCUPAT 9. Industry or business in which so that it may work wes done, es SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked et this occupation (month and on See instructions 12. BIRTHPLACE (city or town) W. Virgi (State or country) mation should be carefully supplied. in plain terms, 13. NAME John Mohler FATHER 14. BIRTHPLACE (city or town). (State or country) MOTHER Mary M. TION is very important. 15. MAIDEN NAME CAUSE OF DEATH 16. BIRTHPLACE (city or town)\_ (Stete or country) 17. INFORMANT Mrs. Arthur L. Hi Adamstown, Md (Address) 18. BURIAL, CREMATION, DR REMOVAL Place Mt. Olivet Cem. Fred M. R. Etchison 19. UNDERTAKER Frederick, Md. (Address) E.

20. FILED Q/44.30 , 19 3 6

If more blan

(Usual place of abode)	If nonresident give city or town and	State
AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married	21. DATE OF DEATH  (Month)  (Day)	, 193 (Year)
r	22. I HEREBY CERTIFY, Thet I attended	
15, 1876		2; death is seid
Deys If LESS than	to have occurred on the date stated above, et. 4	
13   1 dey,hrs.   ormin.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows:	Date of onset
sewife	Chronic Myocardetis	
t home	with myodardial	
11. Total time (years) 56 spant in this occupation	dagenehation	1934
nia	Other Contributory Causes of importence:	1932
ginia	Name of operation Date of	2.
Le	Whet test confirmed diegnosis? Was there an	
ginia	23. If death was due to externel ceuses (VIOLENCE) fill in elso the followin  Accident, suicide, or homicide?	, 19
ame	Specify whether Injury occurred in INDÚSTRY, In HOME, or In PÚBLIC PI	ACE.
Date May 1st. 1936	Manner of injuryNature of Injury	
k Son	24. Was disease or injury in any way related to occupation of deceased?	
Instilled	(Signed Finitely 6 - Hope	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11 .- The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

11/			
0/	infor-	state	UPA-
M	IS A PERMANENT RECORD. Every item of infor-	PHYSICIANS should state	properly classified. Exact statement of OCCUPA-
	Every	CIANS	tement
	ECORD.	SHA	act sta
Ď	ENT RI	TLY.	ed. Ex
FOR BINDING	RMAN	stated EXACTLY.	classifi
OR B	S A PE	ated E	operly
1	I	200	pr

OCCUPATION	FATHER " OCCUPATION	11. It is very important. See instructions on back of certificate.  12. Per instructions on back of certificate.  13. Per instructions on back of certificate.  14. It is instructions on back of certificate.
	FATHER "	MOTHER FATHER

STATE OF	F MAR	YLAND-	CERTIFICATE OF DEATH 4	066
1. PLACE OF DEATH			21 5.1	000
County Frederi	ck.		Registration Dist. No.	39
Village or City State S	Sanator	rium Md		Ward
	and the second	, (II	death occurred in a hospital of institution, give its NAME, instead of street an	d number)
Langth of fasidence in city or town where das	sth-occurred	yrsmos	s. 10 ds. How long in U.S. if of foraign birth?yrs	.mosds.
			If U. S. Veteran, specify WAR 💍 🔿 🔘 📗	
(a) Residence: No. 704 E. F	Baltimo (Usualplace	re, St.	St., Ward.Baltiomre, Maryland If nonresident give city or town	nd State
PERSONAL AND STATISTIC	AL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
Male White	or divorce	RRIED, WIDOWED, ED (write the word) Ed	21. DATE OF DEATH  April 19  (Month) (Day)	, 193 <u>6</u> (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ann	na Mont	ague	22.   HEREBY CERTIFY, That I attended   Mar. 9 1936 to April 1	
5. DATE OF BIRTH (month, day, and year)	June 3	30 1898	last saw him aliva on April 19 1936	2; daath is said
. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at 9 55 A.p.M.	
37 9	19	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance wara as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, atc				Date of onset
Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc			Pulmonary Tuberculosis	Dec.
SAW MILL, BANK, atc	11. Total	tima (years) ent in this 22Yrs	-	1935
			Other Contributory Couses of importance:	
2. BIRTHPLACE (city or town)	lass.			
13. NAME Alphonse		ne		
14. BIRTHPLACE (city or town)	anada		Name of operation_NonePosSputum Date of What test confirmed diagnosisChostX-Ray- Was there a	
15. MAIDEN NAME Clara	Bouch	ner	23. If death was due to external causes (VIOL ENCE) fill in also the follow	
16. BIRTHPLACE (city or town) (State or country)  Canada  17. INFORMANT (Address)  Baltimore, Md.			Accident, suicide, or homicide? Date of injury Where did Injury occur?	, 19
			(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	itate) PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place Boston, Mass		cnown , 19	Manner of injury	
19. UNDERTAKER M. L. Creager (Address)/ Thurmont Mod			24. Was disease or injury in any way related to occupation of daceased?  If so, specify	no.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	item of infor-	should state	of OCCUPA-
R BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
FC	S IS	state	prop
MAKGIN KESEKVED FOR BINDING	, WITH UNFADING INK-THIS	refully supplied. AGE should be	I in plain terms, so that it may be
V. S. No. 1	N. B.—WRITE PLAINLY,	mation should be ca	CAUSE OF DEATH

See instructions on back of certificate.

TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4067
1/PLACE OF DEATH	· (20)
County rederiak	Registration Dist. No. 132
Village or City Mt + The 60	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Domisld leveland	MISET If U. S. Veteran, specify WAR X
(a) Residence; Np.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male white OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HERBBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Avg. 17, 1933	I list sew heart elive on ATT 22 1, 1936; death is said
7. AGE Years Months Pays If LESS than	to have occurred on the date stated above, at /_ Am.
2   Q   4   1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows:
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc	acute ulceration
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	2 n n n
10. Date deceased last worked at this occupetion (month end spent in this yeer) occupetion	Millero Colello
12. BIRTHPLACE (city or town) Mi ddletous	Other Contributory Causes of importance:
(State or country)  13. NAME (1.2 YE 2 2 2 4 4). MD SEL	
	100 PC 4 We 4
14. BIRTHPLACE (city or town) (State or country)	Neme of operetion
15. MAIDEN NAME Kathryri Bowlus 16. BIRTHPLACE (city or town) Middletoway	23. If deeth was due to external causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town) Middle town (State or country)	Accident, suicide, or homicide?
17. INFORMANT Cleveland Moser (Address) Middletown Md. 878	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Plece - 1. 1926	Manner of injury
19. UNDERTAKER Staduill Co. (Address) Maddle to Co.	24. Was disease or injury in any wey related to occupation of deceased?
0. FILED April 24, 1936 Donayson Sausen Resistrar	(Signed) Halve M. D.  (Address) M. J. M. D.
Acgorian.	

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Tud

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

D FOR BINDING	IS IS A PERMANENT RECORD. EV	be stated EXACTLY. PHYSICIA	be properly classified. Exact statem	f certificate.
MAKGIN KESEKVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. EV	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICI.	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statem	TION is vory important See instructions on back of certificate.

N. B.-WRITE PLA

V. S. No. 1

TION is very

ery item of inforent of OCCUPA. CTATE OF MADVIAND\_CEDTIFICATE OF DEATH

/		r MAK	TLAND-	CERTIFICATE OF DEATH 4	168
1. PLACE OF DEATH				23 04	
County	Frederi	ck,		Registration Dist. No.139	
Village or City	State S		(If	No. Sabella sale St.,  death occurred in a horpital or institution, give its NAME instead of street and not ladd.  How long in U.S. if of foreign birth? yrs. mo	Ward umber)
Length of residence in c					sds.
2. FULL NAME				If U. S. Veteran, specify WAR 2105	
(a) Residence: No.	648 N	(Usual place	of abode)	St., Waldagerstown Maryland If nonresident give city or town and S	State
PERSONAL AN	ID STATISTIC	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
	or or RACE	5. SINGLE, MAN OR DIVORCE Sing	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH April (Month) (Day)	193_6(Year)
5a. If marriad, widowad, or divorcad HUSBAND of (or) WIFE of				22.   HEREBY CERTIFY, That   attanded d	laceased from
6. DATE OF BIRTH (month, da	v. and year)	August	3 1918	last saw h. er. allve on April 23 ,1936	; daath is said
7. AGE Yaars	Months	Days	If LESS than	to hava occurrad on the data stated above, at 6.05. As. M.	
17	8	21	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importanca were as follows:	Date of onset
8. Trada, profession, or particular kind of work dona, es SPINNER, SAWYER, BDOKKEEPER, etc. Student			ıt		
kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or businass In which work was dona, as SILK MILL, SAW MILL, BANK, atc.  10. Data deceased last worked at this occupation (month and year)  11. Total time (years) spant in this occupation 1 Yrs			June		
			1935		
an Dipolitica Lord City				Other Contributory Causes of importence:	
12. BIRTHPLACE (city or town)		Tuberculous Laryngitis			
13. NAME			olson	Tunor war out that ying to to	
Hard Hard J. Nicholson  14. BIRTHPLACE (city or town) (Stete or country)  Virginia				Nama of operation NONE POS SputumPate of What tast confirmed diagnosis Chest-X-Ray Was there en a	utopsy?_n @-
15. MAIDEN NAME	Mary S	Smith		23. If daath was due to externel ceuses (VIOLENCE) fill in elso the following:	
15. MAIDEN NAME  16. BIRTHPLACE (city or t		irginia		Accidant, suicida, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT Leona B. Nicholson (Address) Hagerstown, Md.			(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	) .CE.	
18. BURIAL, CREMATION, OR	REMOVAL	W. J.		Manner of Injury	
Place Hagerst	town, Md	Date Unkr	10Wn,19	Nature of injury	
19. UNDERTAKER	red W.	Kraiss		24. Was disaase or injury In any way related to occupation of dacaased?P	0
(Addrass) Hagerstonn And.				If so, specify the documents of the sound of	0110

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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	imple I	i orde	Example II	
The principal cause of deatl of importance were as follow Arteriosclerosis	and related causes	Data of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	MAY 8 300	1921	Run over by street car .	1 week ago
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago
	BUREAU V.	S		
Other contributory causes o	f importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHE	STATEMENTS BY PHYSICIAN
-----------------------------	-------------------------



72-0 Registration D	list No. 140
No.	St Ward
leath occurred in a hospital or institution, give its NAME	
ds. How long in U.S. if of foreign birth?	yrsds
If U.S. Veteran specify WAR	
St. Ward.	
	ive city or town and State
MEDICAL CERTIFICATE	OF DEATH
21. DATE OF DEATH	9 -
Upr.	×9 , 193 6
(Month)	(Day) (Year)
22. I HEREBY CERTIFY	
March 1936, to af	
I last sew h. 2 elive on april 29	7 1936; death is seid
to have occurred on the date stated above, at 1/-3	
The PRINCIPAL CAUSE OF DEATH and related ceuses were es follows:	
Valaular HE	art trouble Histor
	og abd
	03 70
Other Contributory Causes of importances	abour
abdumin of Drofsy	3 7050
· · · · · · · · · · · · · · · · · · ·	
Name of operation	Oate of
What test confirmed diegnosis?	Was there an autopsy?
23. If death was due to external causes (VIOLENCE) fill	in also the following:
Accident, sulcide, or homigide?D	Pate of injury
Where did injury occup	
(Specify city or to Specify whether Injury occurred in INDUSTRY, in HON	own, county and State)
	,
Manner of injury	
Nature of injury	
	11-11-12
24. Wes disease or injury in any way related to occupat	tion of deceased?
(Signed) Lo. O. S.C.	100/-
	THE PERSON NAMED IN COLUMN 1
(Address) Wordsle	Wall Incl.

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Chronic interstitial nephritis BURFAU V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4070
1. PLACE OF DEATH	159
County Frederick	Registration Dist. No. / 2/
Village or City Mantenus	No. St., Ward Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
	s. O. ds. How long in V.S. if of foreign birth?yrsmosds.
2. FULL NAME Baby Bay Ra	mes burdent.
(a) Residence: No. Lunes laund M	St. Ward.
(Usual place of abode) he s	lc Cu If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH april 29 1936
5a. If married, widowed, or divorcad	(Month) (Day) (Yaar)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decaased from
P. 1 90 1131	april 29, 1926, to april 29, 1936
6. DATE OF BIRTH (month, day, and year)	last saw harmaliva on last said , 1954 ; death is said
1 day, 3 hrs.	to have occurred on the date stated above, etm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows: Data of onset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Treman Jun Time
9. Industry or business in which work was done, as SILK MILL.	Truo hetina
SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year) spent in this occupation	
f. U. h	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) 7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
	-
E	14
(State or country)	Name of operation
15. MAIDEN NAME, Planton Genelling Holding	What test confirmed diagnosis?
15. MAIDEN NAME Sharpan Geraldone House	Accidant, suicide, or homicide?
State or country)	Where did Injury occur?
17. INFORMANT Miss adelaterras Monteau	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Monteure Date 30-apr, 126	Neture of Injury
19. UNDERTAKER C. E. Colino & Sace	24. Was disease or injury in any wey related to occupation of deceased?
20. FILED 29 - afra, 1936 - Amleuron Registar.	(Signed) M. D. (Address) And Analysis M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	- 1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis MAY 5 1936	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUPFAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

19. UNOERTAKER

(Address)

should state of OCCUPA-

1. PLACE OF DEATH  County Frederick,  Village or City State Sanatorium, Md	Registration Dist. No. 139  No. Salullanule St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  27 ds. How long In U. S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Donald L. Reilly	St., WardBaltimore, Maryland.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male  4. COLOR OR RACE Married, Widowed, OR DIVORCED (write the word) Married  Married	21. DATE OF DEATH  April 28 , 1936 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Helen B. Reilly  6. DATE OF BIRTH (month, day, end yeer) Sept. 7 1895  7. AGE Yeers Months Deys If LESS than 1 day, hrs. or min.  8. Trede, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, elc.  10. Date deceesed lest worked et this occupetion (months and yeer) spent in this accupetion (months and yeer)  11. Total time (years) spent in this occupetion this occupetion this occupetion.	Other Contributory Canses of importence:
12. BIRTHPLACE (city or town) Baltimore, (State or country) Maryland:  13. NAME John Reilly	
14. BIRTHPLACE (city or town)	Neme of operation_NONePosSputufite of
15. MAIOEN NAME Anna 1. Monahan  16. BIRTHPLACE (city or town)  (State or country) Maryland.  17. INFORMANT Donald L. Reilly	23. If death wes due to externel ceuses (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?
(Address) Baltimore, Md.	Manner of injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Neture of injury

Md. Oate Unknown 19

Thurmon

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example 1		Example 11	
The principal cause of of importance were as Arteriosclerosis	f death and related causes follows:	3	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAY 6 1936	July 5, 1927	Peritonitis	3 days ago
	BUREAU V. S.		,	
Other contributory ca	uses of importance:	mai <sup>1</sup>	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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item of infor-

STATE OF MARYLAND	CERTIFICATE OF DEATH 4072
1. PLACE OF DEATH	B , 127
County Michaeleryst	Registration Dist. No. /
Village or City hear dibertylose	No. St., Ward
Langth of residence in city or town where deeth occurred	f death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
OTT NO A NO	yisyisyisyis
2. FULL NAME OULE VOTE Um	skles +
(a) Residence; No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	apr. 9, 1936
5a. If marriad, widowed, or divorced	(Mynth) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet i ettended deceesed from
-1 - 16	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) Apr. 9 - 1936	i iast saw h; death is sald
7. AGE Years Months Days if LESS than 1 day,hrs.	to have occurred on the data stated above, at
ormin.	were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER,	5 1/
SAWYER, BOOKKEEPER, etc	Sufficialion
work was done, as SILK MILL, SAW MILL, BANK, etc.	
S. Hade profession, or particular, or particular with the work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
year) occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance.
(State or country)	I seech delivery
14. BIRTHPLACE (city or town)	J
14. BIRTHPLACE (city or town) Ms d	Name of operation Date of
(Steta of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Ellen II. Bartal  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
E (State or country)	Where did injury occur?
17. INFORMANT Course to flunkles (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa DWEPLES Date GW10 , 1936	Natura of Injury
19. UNDERTAKER Pavall Halbaugh (Address)	24. Was disease or injury in any way ralated to occupation of deceased?
20. FILED (JM10, 1936 TO Decenference	(Signed) But M. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAY 4 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUNEAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			- 1

V. S. No. 1

TION is very important. See instructions on back of certificate.

item of infor-

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 4073
1. PLACE OF DEATH	(37) 2D (2)
County Frederick Within the Corporate lin	Registration Dist. No.
Village or City Frederick City Hospital	No. St. Ward
,0	If death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Henry Warren Shaffer	of U. S. Veteran, specify WARNO
	kett St Ward
M. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Married	21. DATE OF DEATH April 21st.  (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of Mildred Shook (or) WIFE of	22. 1 HEREBY CERTIFY. That I attended deceased from word 21 1936
6. DATE OF BIRTH (month, day, and year) July 15th. 1872	I last saw h www alive on Gow V/ 1936; death is said
6. DATE OF BIRTH (month, day, and year) JULY 15611 10[2  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3 % P.m.
63 0 6 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Trade profession or particular	were as follows: Oate of one of Oate of one of
kind of work done, as SPINNER, Barber	6 Wrinky Obstruction march
9. Industry or business in which	1936
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at eb. 36  11. Total time (years) 18. This occupation (months and eb. 36	
10. Date deceased last worked at eb . 36 this occupation (month and eb . 36 year) this occupation occupation occupation.	
12 BIRTHPI ACE (city or town) Brunswick	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Bruits witch (State or country)	hyperships parline Goul 18
13. NAME Frederick Shaffer	- June 10
Germany	Name of operation Prostatetory Date of Opint 10 -
4. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? The walking Was there an autopsy? AQ
15. MAIOEN NAME Sophia Kedwell	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Sophia Kedwell  16. BIRTHPLACE (city or town)  (State or country)  Md	Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town)	Where did injury occur?
17. INFORMANT 5 M TS Nildred Shaffer (Address) 14 N. Market St. Frederick M	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Lewistown, had oate April 24,936	Nature of injury
19. UNDERTAKER M.L. Greager & Son. (Address) Thurmont, MD.	24. Was disease or injury in any way related to occupation of deceased? ho
20. FILED 22- ape, 1936 Ambaered, Registrar.	(Signed) Flank Alborlangh M. O.  (Address) Friderick - hid.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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	Example II	
Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
1		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	July 5,1927	Date of onset  The principal eause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5, 1927  Peritonitis  Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis 1936	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 3,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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PHYSICIANS

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH County Frederick Registration Dist. 1 Village or City Near Frederick Near Frederick (If death occurred in a hospital or institution, give its NAME instead of street and number) Langth of rasidence in city or town whera death occurred. How long in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos 2. FULL NAME Miss. Eva Belle Sinn S. Veteran, specify WAR..... None. (a) Residence: No. Nex Washington, D. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH April 18th .. OR DIVORCED (write tha word) female white single (Day) (Yaar) 5a. If married, widowad, or divorced HUSBAND of HEREBY CERTIFY. That I attanded daceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) June 20, 1859 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 7.15A m. 1 day, ..... hrs. 76 9 28 The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... min. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, Housework OCCUPATION 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc ... 10. Date deceesed lest worked at 12/35 11. Total time (yaars) 60 spant in this occupation. Other Contributory Causes of Importance: Frederick 12. BIRTHPLACE (city or town). (State or country) Maryl and FATHER Edward Sinn 13. NAME Maryland 14. BIRTHPLACE (city or town) Name of operation. (State or country) Whet test confirmed diagnosis? \_\_\_\_ ----- Was there an autopsy?\_ OTHER Evaline Elkins 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also tha following: Maryland Accidant, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_19 16. BIRTHPLACE (city or town) (State or country) Whara did injury occur?\_\_ Miss. Rose Birely (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANT Frederick, Md. 18. BURIAL, CREMATION, OR REMOVAL Mannar of injury PlacMt. Olivet Cem. Fredoate April 20, 19 36 Neture of injury M. R. Etchison & Son 24. Was disease or injury in any way related to occupation of daceesad? 19. UNDERTAKER (Addrass) Frederick, Md. If so, specify \_ 1920 Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	it	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis Chronic intentification Artificial Association Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis MAY 5 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			17

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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FOR BINDING

MARGIN RESERVED

V. S. No. 1

1. PLACE OF DEATH		92-0	
County Track	••••••	Registr	ration Dist. No. 141
Village or City Brune		NoNodeath occurred in a horpital or institution, give its	St., Ward
Length of residence in city or town whe		ds. How long in U.S. if of foreign bir	
2. FULL NAME Sara	Colinatell x	Small	
(a) Residence: No.		St., Ward.	
	(Usual place of abode)		esident give city or town and State
PERSONAL AND STATIS		MEDICAL CERTIFIC	ATE OF DEATH
lemale white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (prite the word)	21. DATE OF DEATH	- /5 , 193 (Year)
5a. If marriad, widowed, or divorced HUSBAND of		22 ' J HEREBY CER'	TIFY, That attended deceased fro
(or) WIFE of		a lin al	0 1111/15 1931
6. DATE OF BIRTH (month, day, and year)	Dans. 9 /86	GM. I	15
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at	1230Am.
75- 3	6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and relate were as follows:	od causes of Importance
8. Trada, profession, or particular kind of work done, as SPINNER.	90-00		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	- faro		0 7
work was done, as SILK MILL,		Howar France	certacy .
10. Date deceased last worked at this occupation (month and year)	11. Total time (yaars) spent in this occupation		<del>J</del>
In Diparting Age (-it-	Pa	Other Contributory Causes of importance:	1
12. BIRTHPLACE (city or town)		(1) No. MUX BALO	The lit
13. NAME famule	Small		740
13. NAME James  14. BIRTHPLACE (city or town)	Pa.	Name of operation.	Date of
(Stata or country)		What test confirmed diagnosis?	Was thera an autopsy?
15. MAIDEN NAME Soharles	Spangled	23. If death was due to external causes (VIOLE)	NCE) fill In also the following:
15. MAIDEN NAME Charles	Per 1	Accident, suicide, or homicide?	Date of Injury, 19
(State or country)		Where did Injury occur?	city or town, county and State)
17. INFORMANT	while med.	Specify whather injury occurred in INDUSTRY	in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Pa. Date apr. 18 , 1934	Manner of Injury	
19. UNDERTAKER C. H. 3. (Addrass)	to v Son		occupation of dacaased?
20. FILED W/ 17 1934 1	m N. B. Kraggo Kegistrar.	(Signed) (Address)	Splotfill M.
If me		2411 N. Charles Street, Baltimore, Requesting V.	S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAY 5 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
			- ME
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Day) (Year) ettended deceesed from The PRINCIPAL CAUSE OF DEATH and related causes of Importance Date of onset 23. If death was due to external causes (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE Registrar. (Address) If more blanks are heeded, address State Registrar, \$4.11 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	1	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MAY 5 1938	1915	Attack of epilepsy	1 week ago
Chronic interstitial neg	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	V. S.	July 5, 1927	Peritonitis	3 days ago
	The second of th	5		
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year



V. S. No. 1

item of infor-

SIAIE	OF MAR	YLAND-	CERTIFICATE OF DEATH 4078
1. PLACE OF DEATH			942 20 10
County Frederick	within the	Corporate Limi	
/ Village or City Frederic	k		No. Frederick City Mospital St., War
			f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town w			s. 3. How long in U.S. if of foreign birth? yrs. mos. d
2. FULL NAME Joseph	Ashby Spon	seller	U.S. Veteran, specify WAR no. 10 / -
(a) Residence: No.	Walkers	ille had.	St. Near Walkersville, Md.
	(Usual place	of abode)	lenel Co. If nonresident give city or town and State
PERSONAL AND STAT		ICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE white		RRIED. WIDOWED. ED (write the word)	21. DATE OF DEATH April 6th., 6
5a. If marriad, widowed, or divorced		<del></del>	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	10300		22.   HEREBY CERTIFY, That I attended decaased from
Valletta S		61	apr 6, 1936, to apr 6, 193
6. DATE OF BIRTH (month, day, and year)	Nov. 2, 18	0.1	I last saw hum alive on
7. AGE Yaars Month		If LESS than  1 day,hrs.	to have occurred on the date stated above, at
74 5	4	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	Formos		
kind of work done, as SPINNES SAWYER, BOOKKEEPER, etc 9. Industry or business in which	General Fa	word war	(luquea Cestous)
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	General 1a.	Luring	1
	/36   11. Total	time (vaar	1
this occupation (month and year)	SD6	time (yaar 50 ent in this upation	
Mo my	_		Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (Stata or country)	r or a for		A Bank
	aller		Comony occlusions
13. NAME John J. Spons	rvland		
	J = 0.114		Name of operation Date of Date of
(State of country)	99.58		What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	ryland		23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	J		Accident, suicide, or homicide? Date of injury19
- (State of Country)			Whera did Injury occur? (Specify city or town, county and State)
17. INFORMANT Miss. Mattie (Address) Walkersvil		ler	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Cem.	Fredbate Apr	il 9, <sub>19</sub> 36	Manner of injury
19. UNDERTAKER M. R. Etchi (Addiess) Frederick,			24. Was disaase or injury In any way related to occupation of daceased?
20. FILES - april 1936.	dre f. hi	E Curly Registrar.	(Signad) Show M.  (Address) Shallenel lef
If	more blanks are needed,	address State Registral	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows: MAY 5 1036	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis BUDEAU V &	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

item of infor-

# STATE OF MARYLAND-CERTIFICATE OF DEATH

4073					
The second second second	18	28	19		
2011	2	12	1		t .
				6	

1. PLACE OF DEATH	(23)
County Frederick,	Registration Dist. No. 139
Village or City State Sanatorium, Md.	No. Sabellasulle St Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
	If U. S. Veteran, specify WAR O O O
(a) Residence: No. 935 Washington, Blvd (Usual place of abode)	st., WardBaltimore Maryland.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)  Male White Single	21. DATE OF DEATH April 19 1936
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended daceasad from
	April 29 ,19 35 ,10 April 19 ,1936
6. DATE OF BIRTH (month, day, end yaar) Sept. 5 1910 7. AGE Years Months Devs If LESS than	I last saw h i M alive on April 19 ,1936; death is said
1 dayhrs	to have occurred on the date stated above, at . 8. 35
25 7 14 or min.	were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. Chauffeur	
a Industry or husiness in which	Pulmonary Tuberculosis Nov.
work was done, as SILK MILL, SAW MILL, BANK, etc.  10 Date daceased lest worked at 11 Total time (years)	1934
Date daceased lest worked at this occupation (month and c. 1934 spent in this Yrs.	
D 142	Dthar Coatributory Causes of Importanca;
12. BirthpLace (city or town) Baltimore (Stata or country) Maryland,	
E	Name of according MONO D. Country D.
[ 14. BIRTHPLACE (city or town)	Name of operation NONE POS Sputurate of What test confirmed diagnoscipest X-Ray Was there an autopsyno
	23. If death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  North Carolina.	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Alvin F. Stansbury (Addrass) Baltimore, Md.	(Specify city or town, county and Stale) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Balto. Md. Date Unknown 19	Nature of injury
19. UNDERTAKER Robert Brooks& Son (Addrass) Balto Md	24. Was disaese or injury in any way ralated to occupetion of deceased?
20. FILED 4.19 , 1936 W. F. Cullan	(Signad) Alwar S. Anoffer M. D.  (Address) State Sanatorum M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deccased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.--The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance;  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

V. S. No. 1 B TION is very important. See instructions on back of certificate.

item of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4080
1. PLACE OF DEATH	468 20
County Frederick	Registration Dist. No. / 3
Village or City Montevul, Emergence	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where deeth occurredyrs mos	
2. FULL NAME Mrs Beisie Str	Noi, U.S. Vateras
(a) Residence: No. Drumente Ma (Usual place of abode) Fire	St., Ward Dorston If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5e. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of adams - string	22. I HEREBY CERTIFY, Thet I attended deceased from
C DATE OF BIRTH (most) to a day 7/2- 20x1-1879	19 6 , to
6. DATE OF BIRTH (month, day, end year)  7. AGE Years Months Deys If LESS then	to heve occurred on the date steted above, et
5 byens 4 18 1 dey,min.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done as SNIK MILL	- remover ;
work was done, es SILK MILL, SAW MILL, BANK, etc	- Lane
10. Dete deceased last worked et this occupation (month and 1935   11. Total time (years) spent in this	
year) occupation occupation	Ohan Carallan Caralla
12. BIRTHPLACE (city or town) Brunswick	Other Contributory Causes of importance:
(State or country), Maryland.	
14. BIRTHPLACE (city or town)	,
4. BIRTHPLACE (city or town)	Name of operation Date of
(Stete of country)	Whet test confirmed diegnosis? Was there an autopsyl
15. MAIDEN NAME Danash Gardall  16. BIRTHPLACE (city or town)	23. If death was due to externel ceuses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
(State or country) Maryland.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Evangeliel Reel N.  (Address) Carlle Park Park	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Name of taken
Place Keedyswelle Med Date Okril 20, 1936	Manner of injury
19. UNDERTAKER COW & Best 4801	24. Was disease or injury in any wey related to occupation of deceased?
(Address) Bookson Md.	If so, specify
20. FILED 9 - Au 1936 AMberray. Registrar.	(Signed) M. D.  (Address) M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAV 5 7000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	LJ		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	CERTIFICATE OF DEATH
Til	(MCB)
County 17 algert Coll	Registration Dist. No. 12 Y
Village or City 19 madoels 14:219 lite	No. St., Ward
Lambbata the transfer to the same transfer to the s	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? vrs. mes ds.
100 . 0 100.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME / Juste Callania	a septate
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresideot give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Hourse while Und suggest	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Famural I Alash	22.   HEREBY CERTIFY, That I attended deceased from
79 2112 222	Muyulla 0 - , 1935, to Jan 1766 , 1936
6. DATE OF BIRTH (month, day, and year)	I last saw h_ la alive on left 1 1 1 19 1 19 2 (a; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 5m.
	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER	Data of one of
SAWYER, BOOKKEEPER, etc	taccomma of Munacy min-
9. Industry or business in which work was done, as SILK MILL.	1935
SAW MILL, BANK, etc	
- Spent III tills	
year)	Other Coutributary Causes of Importance:
12. BIRTHPLACE (city or town) YO MARCHE	
(State or country)	
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME STATE OF THE FRONT OF	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 23 ANN MAINTENAME COLOR	
O 16. BIRTHPLACE (clty or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19
Ly and K V	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	
Place 1 17100001 1119 Date 4125 1995	Manner of injury
tell de la	Nature of Injury
19. UNDERTAKER STRONGLESS GO.	24. Was disease or Injury In any way related to occupation of deceased?
(Address) The Address The	If so, specify
20, FILED 177 20, 1936 D. Tore Jan & reals	(Signed) M.D.

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address) L. L.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1;1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF	MARVI	AND-	-CERTIFICATE	OF	DEATH
SIAIE OF	WARTL	AINU-	CERTIFICATE	. Ur	DEAL

1. PLACE O	F DEATH	I MIMI	ILAND	CLIVIII ICATL	VI DEF	ΛΙΠ	1
County	Frederick		on Carponial		Registration	Dist. No.	2/
Village Dr	City Frederic	k		No/26 W	Fell	to st.	Ward
Langth of res	sidence In city or town whara o	feath occurred 4	O yrs min	f death occurred in a hospital or institution of the death occurred in a hospital or institution. If			
2. FULL NA	ME Claude H	amilton W	achter	If U. S. Veteran,		WORLD WAR	
(a) Resider	200 77-	t Fifth S		Fire Don Ward		give city or town and	
PERSON	NAL AND STATIST				ERTIFICATE		State
3. SEX	4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	pril	9th	193 6
5a. If marriad, widow		Sing	,10 .		(Month)	(Day)	(Year)
HUSBAND of (or) WIFE of	Lund	2			Y CERTIF	Y. That I attended	deceased from
6 DATE OF RIPTH	(month, day, and year)	December	22,1894	9	agrif 9		.: daeth is seid
	ars Months	Days	If LESS than	to heve occurred on the date state		,	., част то зого
41	3	17	I day,hrs.	The PRINCIPAL CAUSE OF DEA			1-
8. Treda, profe	ession, or particular work done, as SPINNER,	Tak amam		Megacacdi	in.		Date of onset
SAWYER	R, BOOKKEEPER, etc business in which	Laborer	*****	- Chiquetica?	my o carde	1 farlin	1/20/34
work we		ewis A. R	ice & Sons	gimalized	doma Y 4	weeler	4/4/31
U 10. Date decees	sed lest worked et upetion (month end 1/3)	11. Total t	ime (yaers) nt in this 14				-
year)	1/3	0000	nt in this 14	Other-Contributory Causes of Imp	ortono '	• • • • • • • • • • • • • • • • • • • •	
12. BIRTHPLACE (c	ity or-town)			mylungae			1918
(Steta or cou	2.14	yland					
13. NAME	David E. Wach	ter					-
	E (city or town)	vland		Name of operation	<i>PO</i>	Oate of	
1	111	yland	0-11	What test confirmed diagnosis?			
E	/ del	LAM	m	23. If death wes due to external ca			*
Stete o	E(city or town)	aryland		Accident, suicida, or homicide? Where did injury occur?	*******	Oate of Injury	, 19
17. INFORMANT (Address)	Mrs. Josephine 126 W. Fifth	e Bruchey Street, Fr	ed, Md.	Spacify whether injury occurred	(Specify city or In INDUSTRY, In HO	town, county and State ME, or in PUBLIC PLA	e) ACE.
18. BURIAL, CREMA	TION, OR REMOVAL			Manner of Injury			
Placa Mt.	Olivet Cem.	red. 4/	13/36,19	Nature of injury			
19. UNDERTAKER (Addrass)	M.R. Etchison Frederick, Ma	& Son ryland		24. Was disaese or injury in any v	way related to occup	ation of deceasad?	no
20. FILED 10 - G	Kil, 1936 Dru	J. M.C.	Curly Registrar.	(Signad) (Address)	Talloct Leffer	Duce Sur Me	M. D.
	If more	blanks are needed, a	address State Registrar,	2411 N. Charles Street, Baltimore, R	equeling U. S. No.	z.	

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 yeor
Gaustones		•	On.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

FOR

RESERVED

MARGIN

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CURLAU V. B.	11		
Provided and the desired state of the state			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEAT		WIZATA	LAND	CERTIFICATE  50	OF DEATH	4084
County Frede					Registration Dist. N	D. 177
Village or City	ewistowr		7 (16	ND. death-occurred in a hospitel or insti	tution give its NAME instance	St., Ward
Length of residence in city	or town where deat	h occurred	yrs mos	ds. How long In U.S. If	of foreign birth?y	rsds.
2. FULL NAME A		atheri wistow	n.	J. If U. S. Veterar St., Ward.	If nonresident give city	y or town and State
PERSONAL AND	STATISTIC	AL PARTIC	CULARS	MEDICAL (	CERTIFICATE OF	DEATH
3. SEX 4. COLOR Female W	or race   5.	OR DIVORCED	IED, WIDOWED, (write the word) Wed.	21. DATE OF DEATH Apri.	l I5th.	1936 <sub>93</sub>
5a. If married, widowed, or divorce HUSBAND of (or) WIFE of Jac		elty		22. Chullon	7/	at I attended deceased from
6. DATE OF BIRTH (month, day, 7. AGE Years	Months	23rd.	1850 If LESS than	to have occurred on the date sta	ited above, at 245P m	
85	3	22	ormin.	were as follows:	P	Date of onset
8. Trade, profession, or part kind of work done, a: SAWYER, BDDKKEEP! 9. Industry or business in work was done as Si	SPINNER, HC	usewor	k	Chronie as	terral Saler	4/15/0 4928-
9. Industry or business In work was done, as SII SAW MILL, BANK, etc.	LK MILL, 🔾 🕻 🕻	n hom	е			
1D. Date deceased last work this occupation (mont year)	ed et	11. Total tir spen occu	ne (years) ting this 56 patron 56			
12. BIRTHPLACE (city or town) (State or country)	Lewisto	wn Md	**************************************	Deter Contributory Courses of im	brad- with	e g
13. NAME Daniel	Geasey	7				
13. NAME Daniel  14. BIRTHPLACE (city or tow (State or country)	n)Lew1	stown	d.	Name of operation	yann lin	Was there an autopsy? 200
15. MAIDEN NAME ET	izabeth	Bower	8.	23. If death was due to external of	causes (VIDL ENCE) fill in also	o the following:
15. MAIDEN NAME R1. 16. BIRTHPLACE (city or town (State or country)				Accident, suicide, or homicide? Where did injury occur?		
17. INFDRMANT Mrs (Address)	Chas. Lewistow	King.	D	Specify whether injury occurred	(Specify city or town, or In INDUSTRY, In HOME, or	county and State) In PUBLIC PLACE.
18. BURIAL, CREMATION, DR RE	MDVAL	Date Apri	1.17th.3	Manner of injury		
19. UNDERTAKER M • (Address)	L. Crea	ger &	Son.	24. Was disease or injury in any  If so, specify	way related to occupation of	deceased? (w)
20. FILED april 16, 19	st ann	a M	Registrar.	(Signed) (Address)	hurnout	I med M. D

1

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis ·	1 year	
· **				

# IS A PERMANENT RECORD. Every item of inforstated EXACTLY. PHYSICIANS should state of OCCUPA. Exact statement properly classified. TION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. AGE should be

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

Village or City State Sanatorium, Md. (No. Addidamile St., Ward Village or City State Sanatorium, Md. (No. Addidamile St., Ward Village or City State Sanatorium, Md. (No. Addidamile St., Ward Village or City State Sanatorium, Md. (No. Addidamile St., Ward Village or City State Sanatorium, Md. (No. Addidamile St., Ward Village or City State St., Ward Village or City State St., Ward Village or City Ward No. (As Personal And State) State Of State State St., Ward Village or City Ward No. (As Personal And State State St., Ward Village or City Ward No. (As Personal And State State St., Color or Race St., Since Marking Windows, Color or Race St., Since Marking Ward Village St., Since St., Since Marking Windows, Color or Race St., Since St., Since Marking Windows, Color or Race St., Since St., Since Marking Windows, Color or Race St., Since St., Si	1. PLAC	E OF DEA	TH			23 04 -50	
Village or City State Sanatorium, Md.  No. Salidance II.  Langth of residence in city or town where death occurred.  Yes. 4 mer.  2. FULL NAME  Nellie Irene Wiegand.  (a) Residence: No. 430 N. Centre, St.  (Uus) Bersonal And Statistical Particulars  (Uus) Bersonal And Statistical Particulars  St.  WarGumberland.  Maryland.  If U. S. Veteran, specify WAR.  4. COLOR OR RACE  St.  WarGumberland.  Maryland.  Incorrecting vetery town and serve  Medical Certificate of DEATH  21. DATE of BIRTH (month, day, and year)  Feb. I 1901  AGE  Vaste  Months  Days  II LESS than  1 day.  Incorrected dat stated above, at 4. 20Aa M.  Salve done, as SIN Mill.  Salve done, as SIN Mill.  Salve done, as SIN Mill.  Salve for country)  Maryland.  11. Total tims (years)  (Salve or country)  What est confirmed dispositor/Chest X. X-Ray was there as support). Incorrection in size the following:  Accident, and the country of the country	County	y Fr	ederick,			Registration Dist. Np. 139	
2. FULL NAME Nellie Irene Wiegand . If U. S. Veleran, specify WAR	Village	or City St	ate Sana	atorium,	(1	No. Sabillasulle St., death occurred in a hospital or institution, give its NAME instead of street and i	
(a) Residence: No. 430 N. Centre, St. (Usualphee of shote)  PERSONAL AND STATISTICAL PARTICULARS  I. SEX	Langth	of residence in	city or town whera	daath occurrad	yrs4mos	ds. How long in U.S. if of foralgn birth?yrsm	osds.
PERSONAL AND STATISTICAL PARTICULARS  S. SEX  A. COLOR OR RACE  Female  White  S. SINGLE MARRIED, WIDOWED  OR DIVORCED  White  S. SINGLE MARRIED, WIDOWED  OR DIVORCED  White  S. SINGLE MARRIED, WIDOWED  OR DIVORCED  White  Unknown  Limstried, widowed, or divorced  White  Unknown  Limstried, widowed, or divorced  White  Unknown  Limstried, widowed, or divorced  Lim							
PERSONAL AND STATISTICAL PARTICULARS  S. SEX  A. COLOR OR RACE  Female  White  S. SINGLE MARRIED, WIDOWED  OR DIVORCED  White  S. SINGLE MARRIED, WIDOWED  OR DIVORCED  White  S. SINGLE MARRIED, WIDOWED  OR DIVORCED  White  Unknown  Limstried, widowed, or divorced  White  Unknown  Limstried, widowed, or divorced  White  Unknown  Limstried, widowed, or divorced  Lim	(a) Re	esidence: No	430 N	Centre (Usual place	St.	St., War Cumberland Maryland II nonresident give city or town and	State
Female White Divorced (white the word) Divorced (a. If married, widowed, or divorced HUSSAND or HUSSAND or Unknown Unknown Unknown Unknown Unknown Unknown Dec. 2 19.35, to. April 3 1936 (was)  B. DATE OF BIRTH (month, day, and year) Feb I 1901  I. AGE Vasts Months Days If LESS than Dec. 2 19.35, to. April 3 1936 (death is said to have occurred on the data stated abova, at. 4, 20 Ara M. The PENCIPAL CAUSE OF DEATH and related causes of importance were as follows:  B. Trade, protession, or particular wind of work dome as SPINNER, HOUSE WORK  S. Affects, protession, or particular wind of work dome as SPINNER, HOUSE WORK  S. Trade, protession, or particular wind of work dome as SPINNER, HOUSE WORK  S. Affects, protession, or particular wind of work dome as SPINNER, HOUSE WORK  S. Affects, protession, or particular wind of work dome as SPINNER, HOUSE WORK  S. Affects, protession, or particular wind of work dome as SPINNER, HOUSE WORK  S. Affects, protession, or particular wind of work dome as SPINNER, HOUSE WORK  S. Affects, protession, or particular wind of work dome as SPINNER, HOUSE WORK  S. Trade, protession, or particular wind of work dome as SPINNER, HOUSE WORK  S. Trade, protession, or particular wind of work dome as SPINNER, HOUSE WORK  S. Trade, protession, or particular wind of work dome as SPINNER, HOUSE WORK  S. Trade, protession, or particular wind of work dome as SPINNER, HOUSE WORK  S. Trade, protession, or particular wind of work dome as SPINNER, House of Death and related causes of importance were as follows:  Date of work was done as SPINNER, House work and selected work and							
a. If married, widowed, or divorced HUSBAND (or) WIFE of UNKNOWN  22. I HEREBY CERTIFY. That I steeded deceased from the MUSBAND (or) WIFE of UNKNOWN  3. DATE OF BIRTH (month, day, and year) Feb I 1901  3. DATE OF BIRTH (month, day, and year) Feb I 1901  3. AGE Years Months Days II LESS than I day	3. SEX			OR DIVORCE	D (write tha word)	The state of the s	
Dec. 2 19.35 to April 3 1936.  Date of Birth (month, day, and year)  AGE Years Months Days II LESS than 1 day	5a. If married.	widowad or div		DIVOI	Ced	- (Month) (Day)	(Yaar)
AGE Years Months Days If LESS than I day,	HUSBANI (or) WIFE	D of E of		nown			
AGE Years Months Days If LESS than to have occurred on the date stated above, at. 4. 20Ars. M.  35 2 1 day	6. DATE OF B	IRTH (month, da	ay, and year)	Feb T	TOOT	1 last saw h.er aliva on April 2 1936	_; death is said
8. Trade, profession, or particular kind of work dome, as SPINNER, House Work  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BAKK, atc  10. Date decessed last worked at this occupation (month and page). I 11. Total time (years) spent in this year)  11. Total time (years) spent in this year)  12. BIRTHPLACE (city or town).  (State or country)  13. NAME  14. BIRTHPLACE (city or town).  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town).  (State or country)  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAL PIECE CLITY or LANGE CLITY of the MILL AND COUNTRY of the MILL PIECE CLITY o	7. AGE	Yaars	Months			to have occurred on the data stated above, at 4. 20Am.M.	
8. Trada, profession, or particular kind of work done, as SPINNER. House Work  9. Industry or business in which was done, as SPINNER. House Work  10. Date deceased lest worked at this occupation (month and the cocupation occupation		35	2	2		The PRINCIPAL CAUSE OF DEATH and related causes of importance	
Sindustry or business in which work was done, as SILK MILL, BANK, atc	_   8. Trada,	profession, or	particular		( 01	maid as initims.	Date of onset
Sindustry or business in which work was done, as SILK MILL, BANK, atc	o. Irada,	nd of work done	, as SPINNER, EPER, atc	House W	ork		
Other Ceatributery Causes of importance:  Other Ceatributery Causes of i	9. Indust	ry or businass i	in which			Pulmonary Tuberculosis	
State or country   Maryland	10. Date of this ye	deceasad last we is occupation (m ar)	orked at	11. Total t	ima (years) nt in this 15Yrs		1201
(State or country)  Maryland  13. NAME  Frank Strawsar  14. BIRTHPLACE (city or town) (State or country)  Unknown  What test confirmed diagnosis? Chest X—Ray was there an autopsy? no what test confirmed diagnosis? Chest X—Ray was there an autopsy? no what test confirmed diagnosis? Chest X—Ray was there an autopsy? no what test confirmed diagnosis? Chest X—Ray was there an autopsy? no what test confirmed diagnosis? Chest X—Ray was there an autopsy? no what test confirmed diagnosis? Chest X—Ray was there an autopsy? no what test confirmed diagnosis? Chest X—Ray was there an autopsy? no what test confirmed diagnosis? Chest X—Ray was there an autopsy? no what test confirmed diagnosis? Chest X—Ray was there an autopsy? no what test confirmed diagnosis? Chest X—Ray was there an autopsy? no what test confirmed diagnosis? Chest X—Ray was there an autopsy? no what test confirmed diagnosis? Chest X—Ray was there an autopsy? no what test confirmed diagnosis? Chest X—Ray was there an autopsy? no what test confirmed diagnosis? Chest X—Ray was there an autopsy? no what test confirmed diagnosis? Chest X—Ray was there an autopsy? no what test confirmed diagnosis? Chest X—Ray was there an autopsy? no what test confirmed diagnosis? Chest X—Ray was there an autopsy? no what test confirmed diagnosis? Chest X—Ray was there an autopsy? no what test confirmed diagnosis? Chest X—Ray was there an autopsy? no what test confirmed diagnosis? Chest X—Ray was there an autopsy? no what test confirmed diagnosis? Chest X—Ray was there an autopsy? no what test confirmed diagnosis? Chest X—Ray was there an autopsy? no what test confirmed diagnosis? Chest X—Ray was there an autopsy? no what test confirmed diagnosis? Chest X—Ray was there an autopsy? no decided to confirmed diagnosis? Chest X—Ray was there an autopsy? no decided to confirmed diagnosis? Chest X—Ray was there an autopsy? no decided to confirmed diagnosis? Chest X—Ray was there an autopsy? no decided to confirmed diagnosis? Chest X—Ray was there an autopsy? no decided to confirmed di	12 DIDTUDI A	OF (aity or town	`			Other Coatributory Causes of importanca:	
13. NAME Frank Strawsar  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT Nellie I Wiegand (Address) Clumberland (Address) Clumberland (Address) Clumberland (Address) Clumberland (Address) Male Clumberland (Ad				arvland			
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What test confirmed diagnosis? Clest x—Ray was there an autopsy? In the state of th	IA RIPTH	DI ACE (city or				Name of operation NODE Dog Court State of	
15. MAIDEN NAME Annie Buncutter 16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT Nellie I. Wiegand Md  18. BURIAL, CREMATION, OR REMOVAL Placa Cumberland Md Date Unknown 19  19. UNDERTAKER M. L. Creager (Addrass), Thurmont Main Main Main Main Main Main Main Main	(S			Unknown		What test confirmed diagnosis? Chest X-Ray was there and	autonsy? n C
What a did injury occur?  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) Cumberland. Md  18. BURIAL, CREMATION, OR REMOVAL  Placa Cumberland. Md. Date. Unknown 19.  19. UNDERTAKER M. L. Creager 24. Was disease fr injury in any way raised to occupation of deposated?  (Address) Thurmont Man. (Signed) Late Land Land Land Land Land Land Land Land	₩ 15. MAIDE	EN NAME	Annie	Buncutt	er		
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Mannar of injury  Placa Cumberland Md Date Unknown 19  Nature of injury  19 UNDERTAKER M. L. Creager  (Addrass), Thurmont Man  (Signed) Late Acre a torline		Nel	lie I. W	liegand.		(Specify city or town, county and Stat	e) ACE.
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19. UNDERTAKER M. L. Creager 24. Was disease frintery in any way related to observation of deceased? NO (Address), Thurmont M. C. (Signed) Hat San a torism	Placa_	Cumber	land. Md	L. Date Unk	nown, 19		
	(Addra	(ER M (ss) T	.L.Creag	of m		24. Was disease friniury in any way related to occupation of depeased?	no m.D
Registrar. (Address)	20, FILED	14/16	19	W. C.	Registrar.	(Address)	1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	eriosclerosis 1915 Attack of epilepsy		1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR F	URTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4086
1. PLACE OF DEATH	- Raa
County Trederick	Registration Dist. No. 177
Village or City Lear Thursday	No. St., Ward
Length of residence in city or town where death occurred \$1 yrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Junie Virginia	lierman
491	St. Ward.
(a) Residence: No. Mar Studens of (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Ternale Phile Married	(Month) (Day) (Year)
ia. If merried, widowed, or divorced	22. A HEREBY CERTIFY, Thet I attended deceased from
Waved Keerman	Jeh. 25, 1936, 10 Qfm. 5, 1936
5. DATE OF BIRTH (month, day, and year) Seff-32d 1854	I last saw h 9 alive on 3, 3, 1936; death is said
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, at
8/ 7 2 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	1 1 1 1 1 1 1 1 1
Industry or business In which	Orobal Structure 420/36
work was done, as SILK MILL, SAW MILL, BANK, etc. Howare make	
10. Date deceased last worked at this occupation (month and spant in this	
year) About 1 Heave occupation	Other Contributory Causes of Importance:
IZ. BIRTHPLACE (city or town) Masseffand.	
13. NAME	
- James Jamesang	
14. BIRTHPLACE (city or town)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Margaret - Maser	What test confirmed diagnosis?
16. BIRTHPLACE (city or town) Massland	Accident, suicide, or homicide?
(State or country)	Where distinjury occur?
17. INFORMANT Mus & P. Fliegle	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Thursday	
18. BURIAL, CREMATION, OR REMOVAL Place LAN 8 1936	Manner of injury
10 . 4 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1	Nature of Injury
9. UNDERTAKER Stilling de Coneiger	24. Was disease or injury in any way related to occupation of deceased?
(Autress)	If so, specify
10. FILED Marsh 1. 1926 Marsa IV . Buls Registrar.	(Signed) M. D.  (Address) Thereword Mr. A.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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